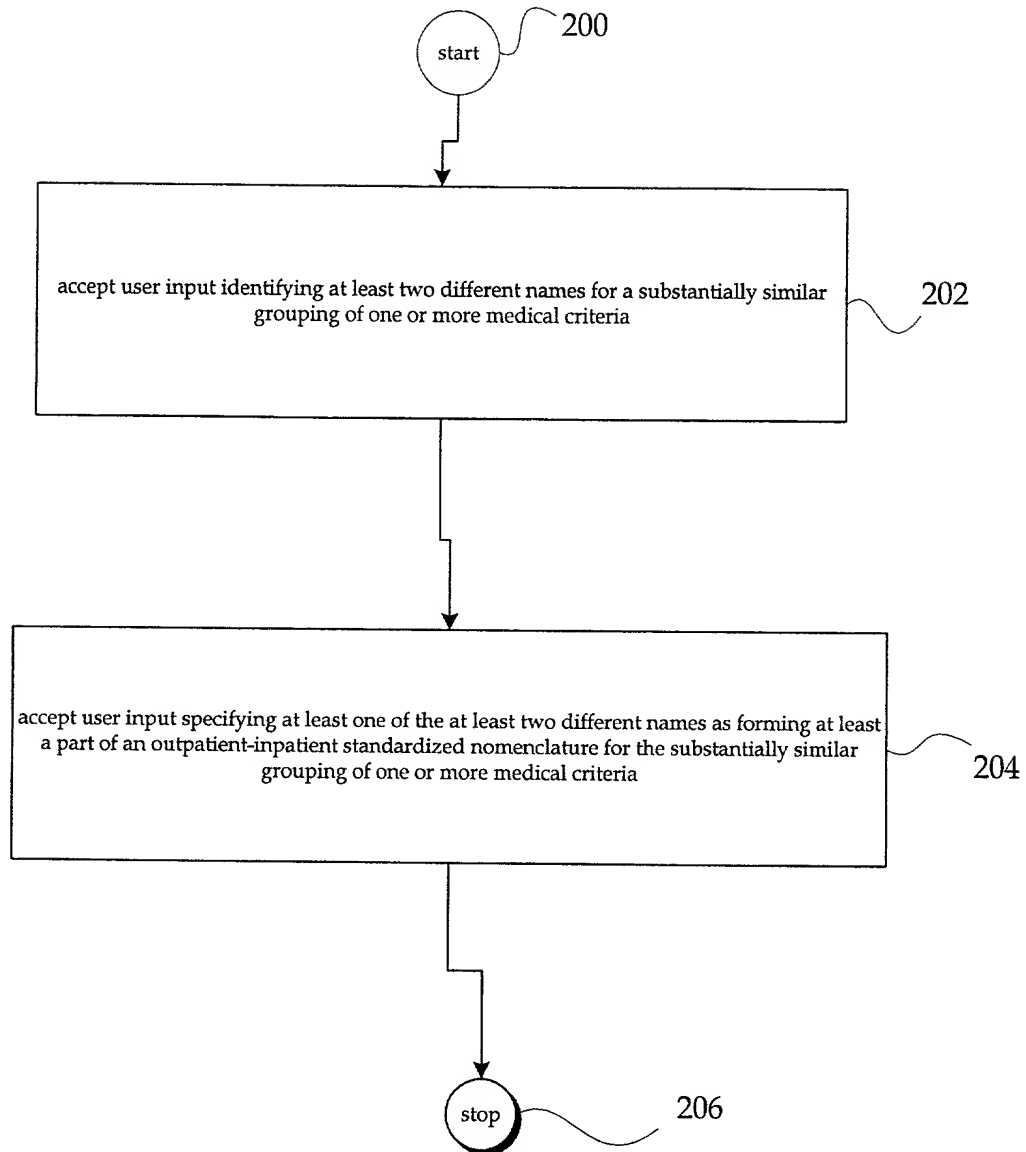


Fig. 1

*Fig. 2*

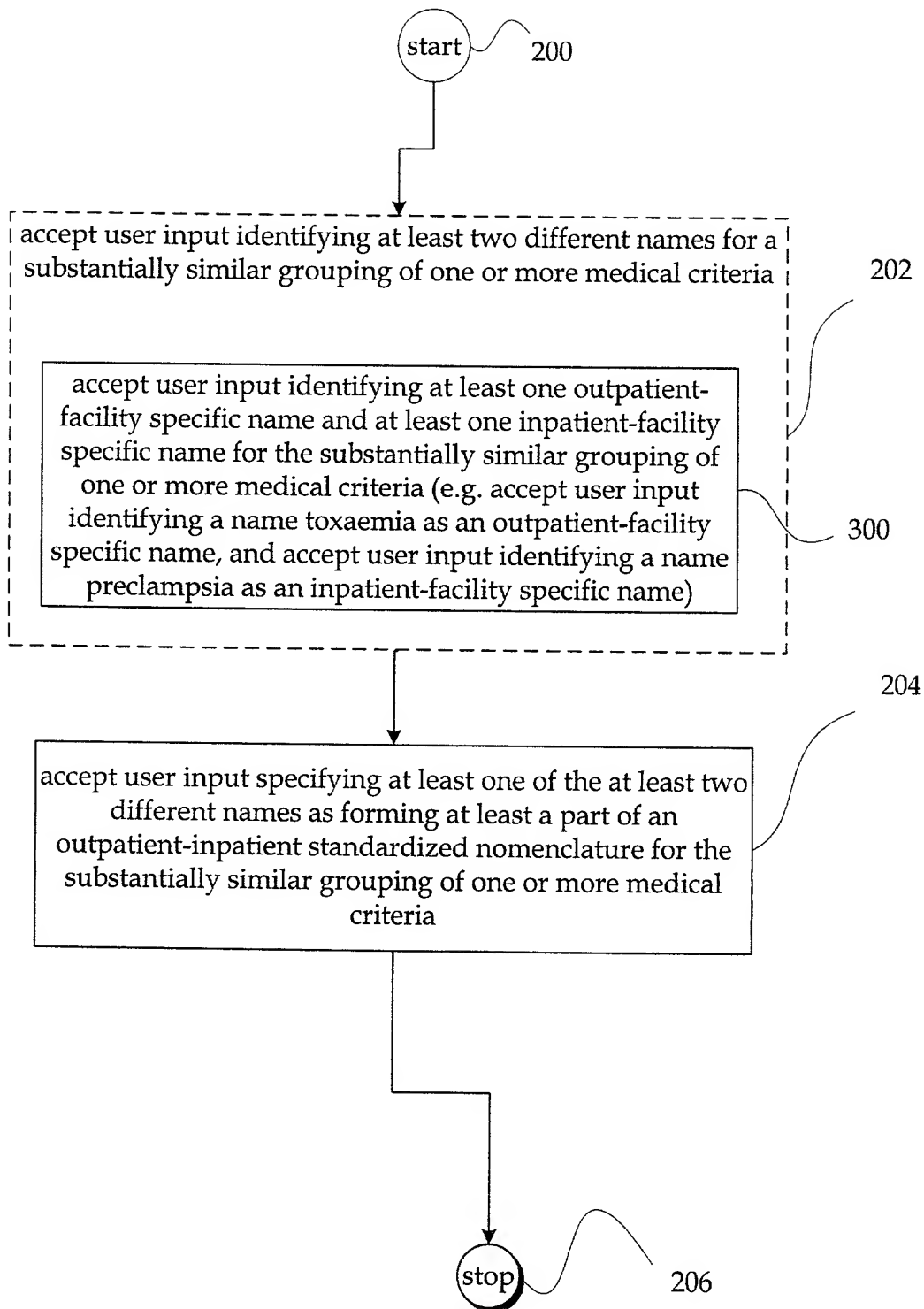


Fig. 3

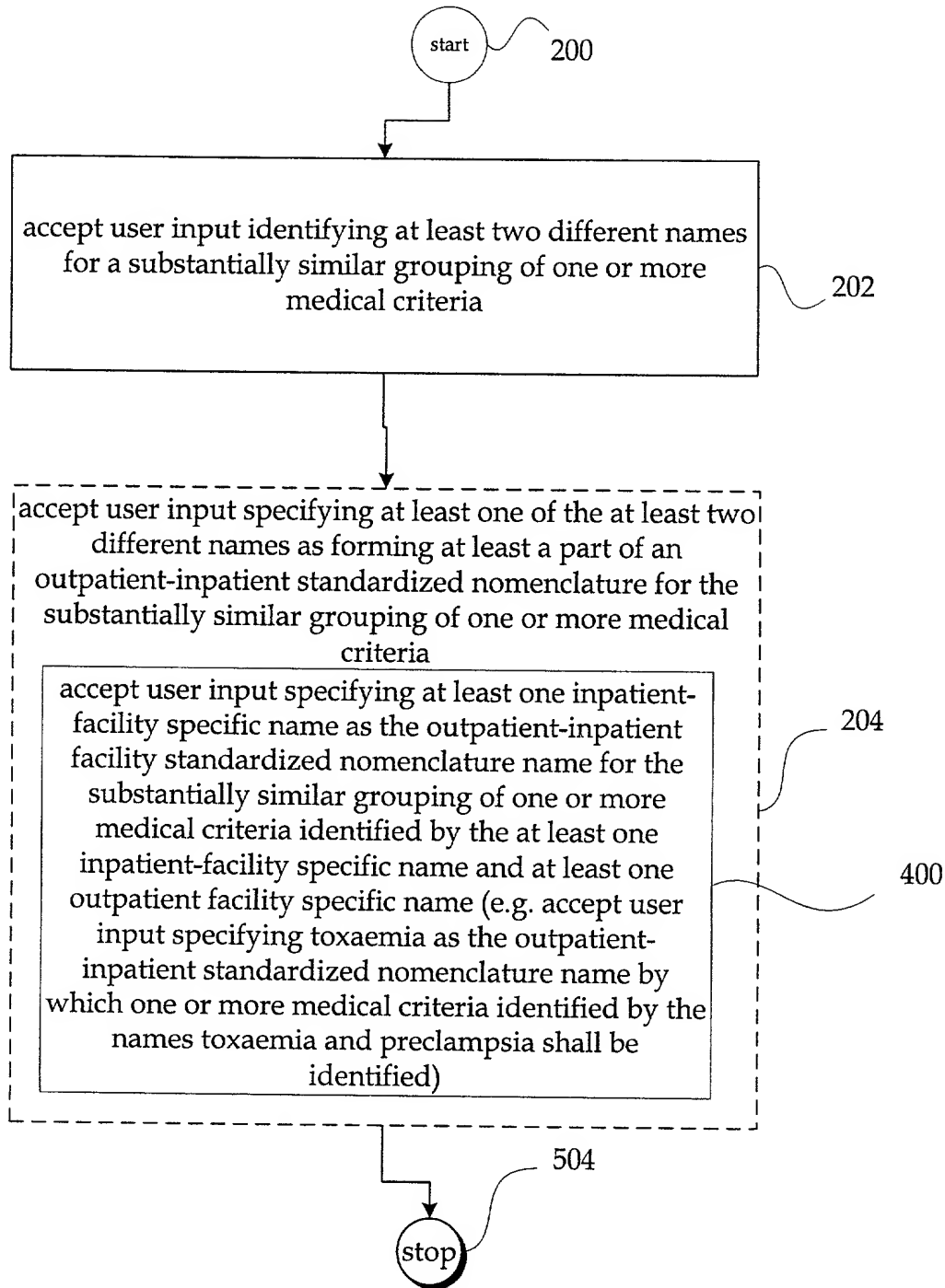


Fig. 4

5/55

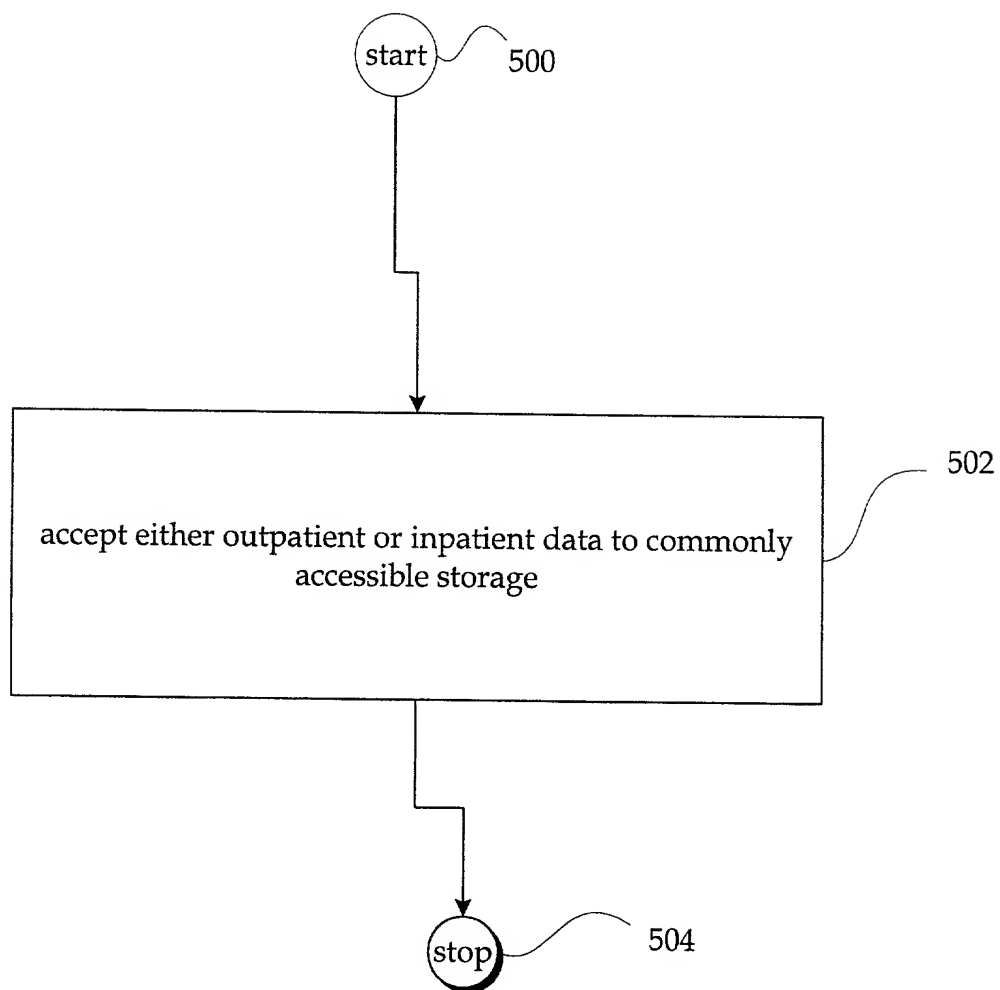


Fig. 5

6/55

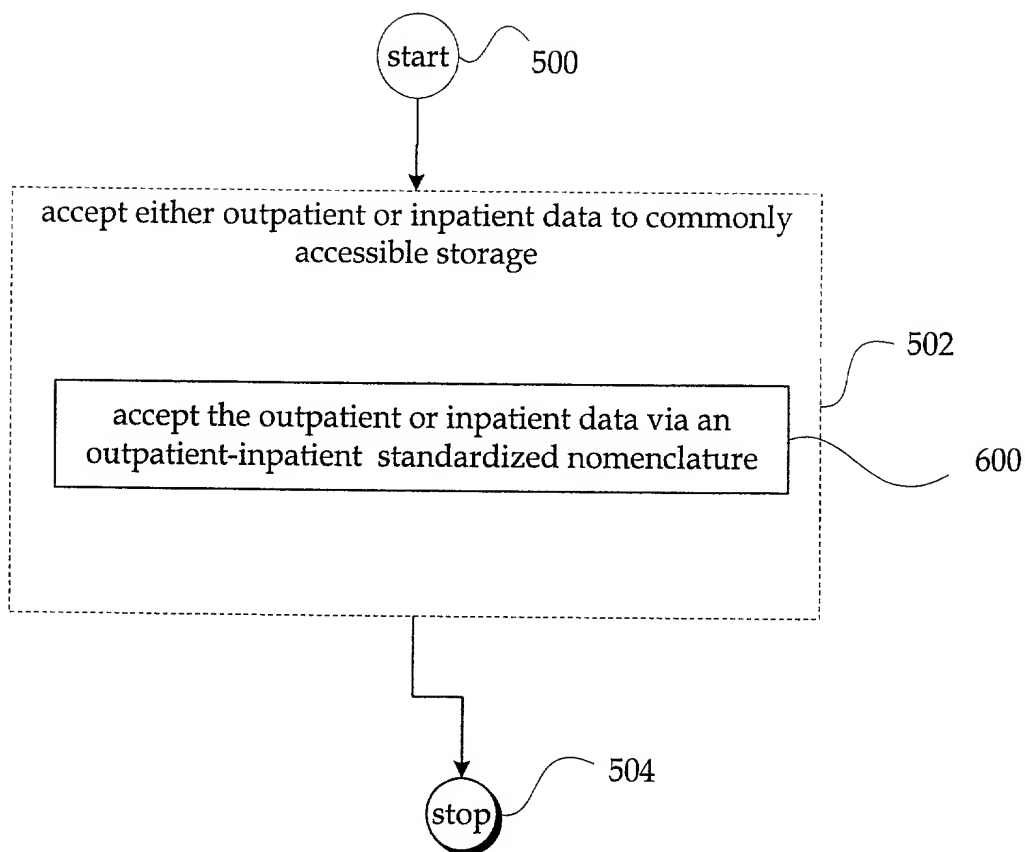


Fig. 6

7/55

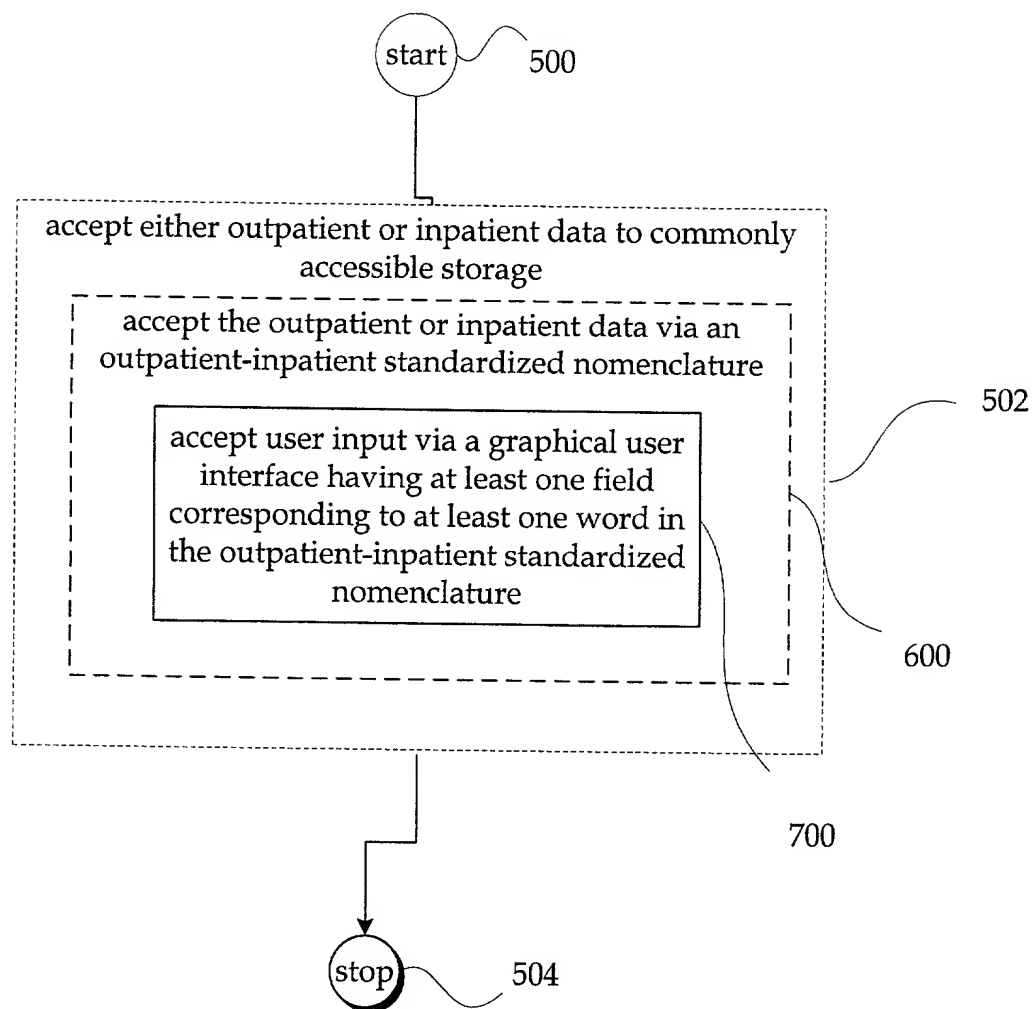


Fig. 7

10033567 "003002
752

STORC - Standard Obstetrics Record Charting System ***** TRAINING DATABASE *****

File View Tools Windows Help

Functional Area: OB Clinic

Key Info General Visits Physical History Cerv Exams Demo Tests US Procs Meds Compl Pb List Notes

History for Patient Name; Patient SSN Disposition: **DELIVERED**

COMPLICATED Age: 38 G/P: 5/1-1-3-2 EDC: 30 Jul 1999 Gest Age: 38 4/7 Type/Rh: A- **STD LABS** **NKDA**

Assoc Visit/Encounter: **ADMISSION** 20 Jul 1999 1610 **History Information** SF533 History/Physical Data Reviewed By/Date: dmann 21 Jul 1999 1601

PMH/PSH DB Hx Family/Social/Subst Hx Allergies/Menstrual Hx SF533 R/will NOT be entered in STORC Next

☒ Conditions for all other history categories, not listed below, are normal. Note: PMH, PSH and the remarks data will carry over from past pregnancies.

Past Medical Condition(s)	Pb List?	Plan for Pb List	Resolved?	Comment
ASTHMA	<input type="checkbox"/>		<input type="checkbox"/>	since birth, on azthmacort inhaler
PELVIC INFLAMMATORY DISEASE	<input type="checkbox"/>		<input checked="" type="checkbox"/>	in 1995 Treated successfully with xxx
CONDYLOMA, VAGINAL	<input type="checkbox"/>		<input type="checkbox"/>	
CONDYLOMA, VULVAR				
CONSTIPATION				
CONSTIPATION, CHRONIC				
COPD PULMONALE				
CORONARY ARTERY DISEASE				
CORRECTIVE LENSES				
COSTROCONDRIITIS				
CROHN DISEASE (REGIONAL ENTERITIS)				
CYSTITIS, SPECIFY				
DEEP VENOUS THROMBOSIS, PRIOR PREGNANCY				
DEEP VENOUS THROMBOBSIS, NOT PREG RELATE				

Pb List? Plan for Pb List Comment

New Remarks (Bt click for more) Prev Remarks

Add Surg Delete

☒ Mark SF533 History and Physical Data Reviewed/Save/Close Save/Close Save Cancel Reset Help

Office

Start Slid Inbo CD Inbo CHC CHC EW RE Mic ST 2:53 PM

750

Fig. 7A

9/55

STORC - STandard Obstetrics Record Charting System

File View Tools Windows Help

Functional Area: Discharge

Key Info General Visits Adm History Exams Delivery EDP Discharge Demo Tests US Procs Meds Compl Pb List Notes

Stages of Labor and Delivery for BOND Patient Name: Patient SSN Position: DELIVERED-CURRENT

COMPLICATED Age: 35 G/P: 1/0-0-0-0 EDC: 06 Dec 2001 Gest Age: 38 0/7 Type/Rhd: A+ STD LABS NKDA

Entered: drcho 23 Nov 2001 1813 **Labor and Delivery Information** Reviewed: drmann 24 Nov 2001 0456

First Stage and Medication Info Second and Third Stages Other Procedures Other Complications

General Information

Prior C-Section? ☐ N Vaginal Birth Candidate? ☒ Y

First Stage

Onset Date: 23 Nov 2001 Time: 0630

Progress: **AUGMENTED**

Duration: 9 hr 8 min

Augmentation

☒ Oxytocin Augmentation?

Duration of Oxytocin: 6 hr 20 min

Highest Dose: 9

Enter Other Medications Given During Labor/Delivery:

Analgesia

Analgesia Date (mm/dd/yyyy) Time

FENTANYL 23 Nov 2001

Anesthesia

Anesthesia Date (mm/dd/yyyy) Time

INTRATHECAL ANESTHESIA 23 Nov 2001

EPIDURAL 23 Nov 2001

Induction

Induction Type Date (mm/dd/yyyy) Time

NO INDUCTION 23 Nov 2001

SVD Op Vag C Sect

Mark Reviewed/Save/Close Save/Close Save Cancel Delete Reset Help

Office

Start Sid Inb CD Inb CH CH FW HE W Mic S 2:21 PM

Fig. 7B

ATTORNEY CLIENT PRIVILEGED AND/OR CONFIDENTIAL

STORC - Standard Obstetrics Record Charting System

File View Tools Windows Help

Functional Area: Discharge

Key Info General Visits Adm History Exams Delivery EDP Discharge Demo Tests US Procs Meds Compl Pb List Notes

Stages of Labor and Delivery for Patient Name; Patient SSN Disposition: DELIVERED-CURRENT

COMPLICATED Age: 35 G/P: 1/0-0-0-0 EDC: 06 Dec 2001 Gest Age: 38 0/7 Type/Rht: A+ STD LABS NKDA

Entered: drcho 23 Nov 2001 1813 **Labor and Delivery Information** Reviewed: drmann 24 Nov 2001 0456

First Stage and Medication Info Second and Third Stages Other Procedures Other Complications

Second Stage

Onset Date: 23 Nov 2001 Time: 1538 Duration: 1 hr 12 min

Episiotomy Date (mm/dd/yyyy) Time Add Epis Delete

MIDLINE EPISIOTOMY 23 Nov 2001

Laceration Date (mm/dd/yyyy) Add Lacer Delete

NO LACERATION 23 Nov 2001

Sutures: 2-0 VICRYL SUTURE 2-0 CHROMIC SUTURE

Repair: REPAIR OF LACERATION/EPISIOTOMY IN THE USUAL FASHION

Skin Prep: BETADINE Hospital/Location: LRMC

Newborn Information:

Wt (gm)	Sex	Delivery Type/Outcome	Liveborn?	Neo Death?
3560	FEM	VAGINAL DELIVERY	Y	N

SVD - Op Vag - C-Sect

Mark Reviewed/Save/Close Save/Close Save Cancel Delete Reset Help

Office

Start Stop Inb CD Inb CH CH FW RE Mic Gs

2:21 PM

Fig. 7C

11/55

STORC - Standard Obstetrics Record Charting System

File View Tools Windows Help

Key Info General Visits Adm History Exams Delivery EDP Discharge Demo Tests US Procs Meds Compl Pb List Notes

Stages of Labor and Delivery for Patient Name; Patient SSN **Disposition: DELIVERED-CURRENT**

COMPLICATED Age: 35 G/P: 1/0-0-0-0 EDC: 06 Dec 2001 Gest Age: 38, 0/7 Type/Rh: A- **STD LABS** **NKDA**

Entered: drcho 23 Nov 2001 1813 **Labor and Delivery Information** Reviewed: drmann 24 Nov 2001 0456

First Stage and Medication Info Second and Third Stages Other Procedures Other Complications

List of Common Delivery Procedures

- AMNIOINFUSION
- ANTIBIOTICS, IV
- FETAL SCALP ELECTRODE
- FOLEY PLACEMENT
- INJECTION, ANTIBIOTICS
- INJECTION, RH IMMUNE GLOBULIN
- IUPC PLACEMENT
- POSTPARTUM TUBAL LIGATION
- REPLACE EPIDURAL
- TRANSFUSION, BLOOD EXPANDERS
- TRANSFUSION, FRESH FROZEN PLASMA
- TRANSFUSION, PACKED RED BLOOD CELLS
- TRANSFUSION, PLATELETS

Add Selected Procedure for Patient

Current List of Other Procedures for Selected Patient

Procedure	Date	Time	Perf
FETAL SCALP ELECTRODE	23 Nov	2001	1350
FOLEY PLACEMENT	23 Nov	2001	1410

Refresh List Enter Additional Procedures

SVD: Op Vag: C- Sect

Mark Reviewed/Save/Close Save/Close Save Cancel Delete Reset Help

Office

Start Sid... Inb... CD... Inb... CH... CH... FW... RE... M... 2:22 PM

Fig. 7D

12/55

STORC - Standard Obstetrics Record Charting System

File View Tools Windows Help

Key Info General Visits Adm History Exams Delivery EDP Discharge Demo Tests US Procs Meds Compl Pb List Notes

Stages of Labor and Delivery for Patient Name; Patient SSN Disposition: DELIVERED-CURRENT

COMPLICATED Age: 35 G/P: 1/0-0-0-0 EDC: 06 Dec 2001 Gest Age: 38 0/7 Type/Rh: A+ STD LABS NKDA

Entered: drcho 23 Nov 2001 1813 Labor and Delivery Information Reviewed: drmann 24 Nov 2001 0456

First Stage and Medication Info Second and Third Stages Other Procedures Other Complications

List of Common Delivery Complications

- BLADDER INJURY
- BOWEL INJURY
- CARDIOPULMONARY ARREST, NOT RESUSCITATED
- CARDIOPULMONARY ARREST, RESUSCITATED
- EXTRAUTERINE PREGNANCY (EUP)
- HEMATOMA, VAGINAL
- HEMATOMA, VULVAR/PERINEAL
- HEMORRHAGE
- INDUCTION OF LABOR, FAILED - SPECIFY
- INDUCTION OF LABOR, MECHANICAL - FAILED
- MATERNAL MORTALITY
- MULTIPLE GESTATION WITH MALPRESENTATION
- MULTIPLE GESTATION, LOSS OF ONE OR MORE

Add Selected Complication for Patient

Current List of Other Delivery Complications for Selected Patient

Delivery Complication for Mother	Comment
----------------------------------	---------

Refresh List Enter Additional Complications

SVD, Dp Vag, C- Sect

Mark Reviewed/Save/Close Save/Close Save Cancel Delete Reset Help

Office

Start Sld... Inb... CD... Inb... CH... CH... PW... RE... BY Mic... 2:22 PM

Fig. 7E

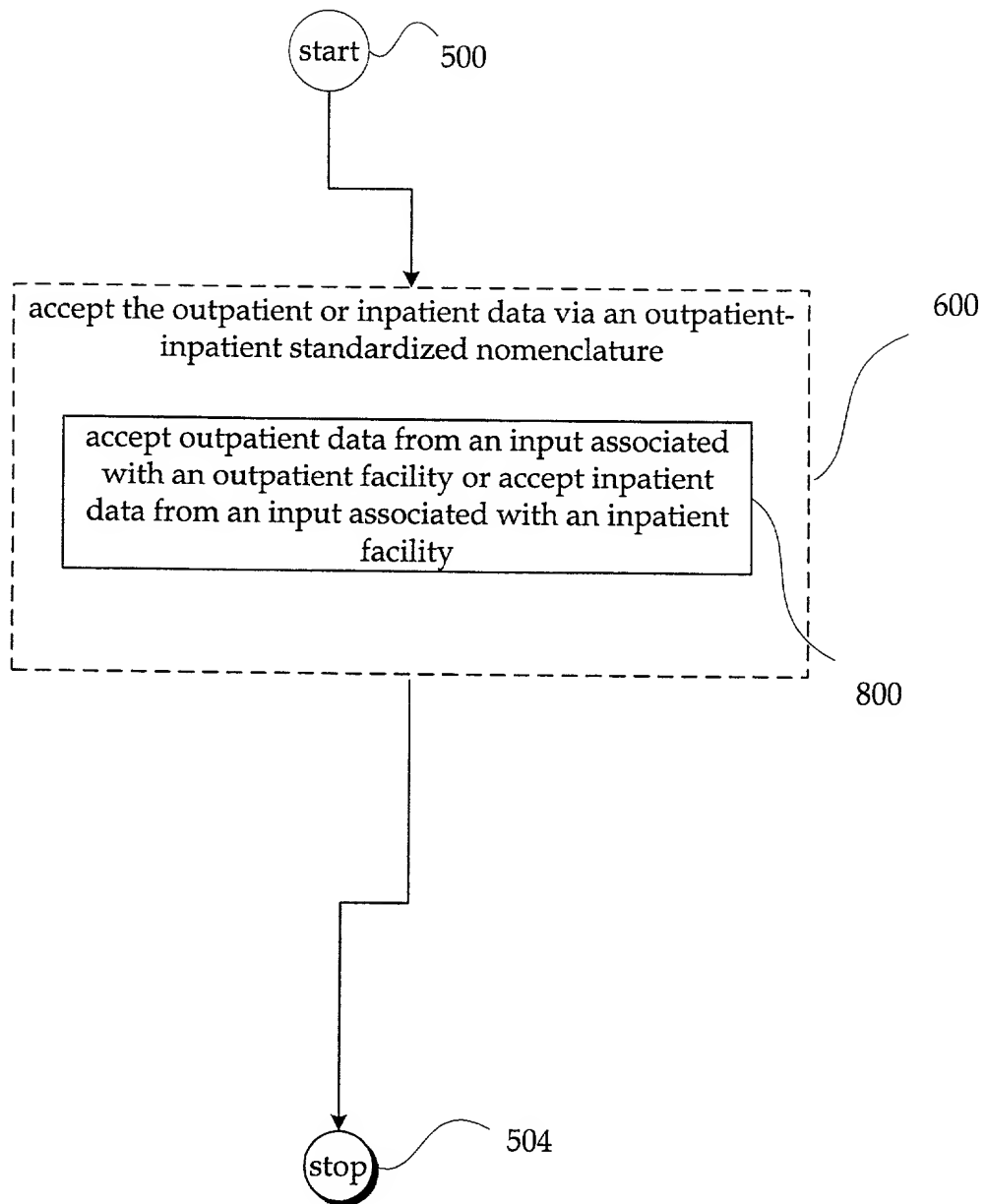


Fig. 8

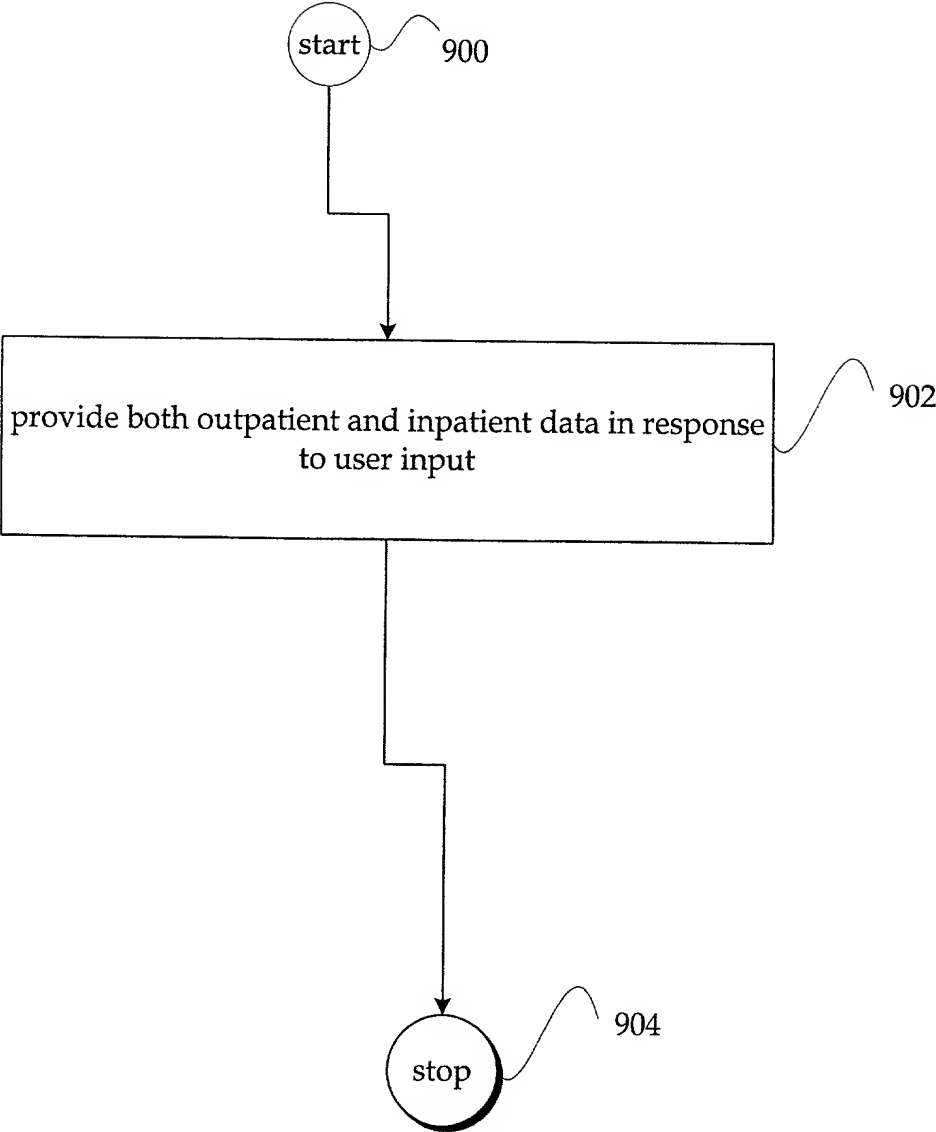


Fig. 9

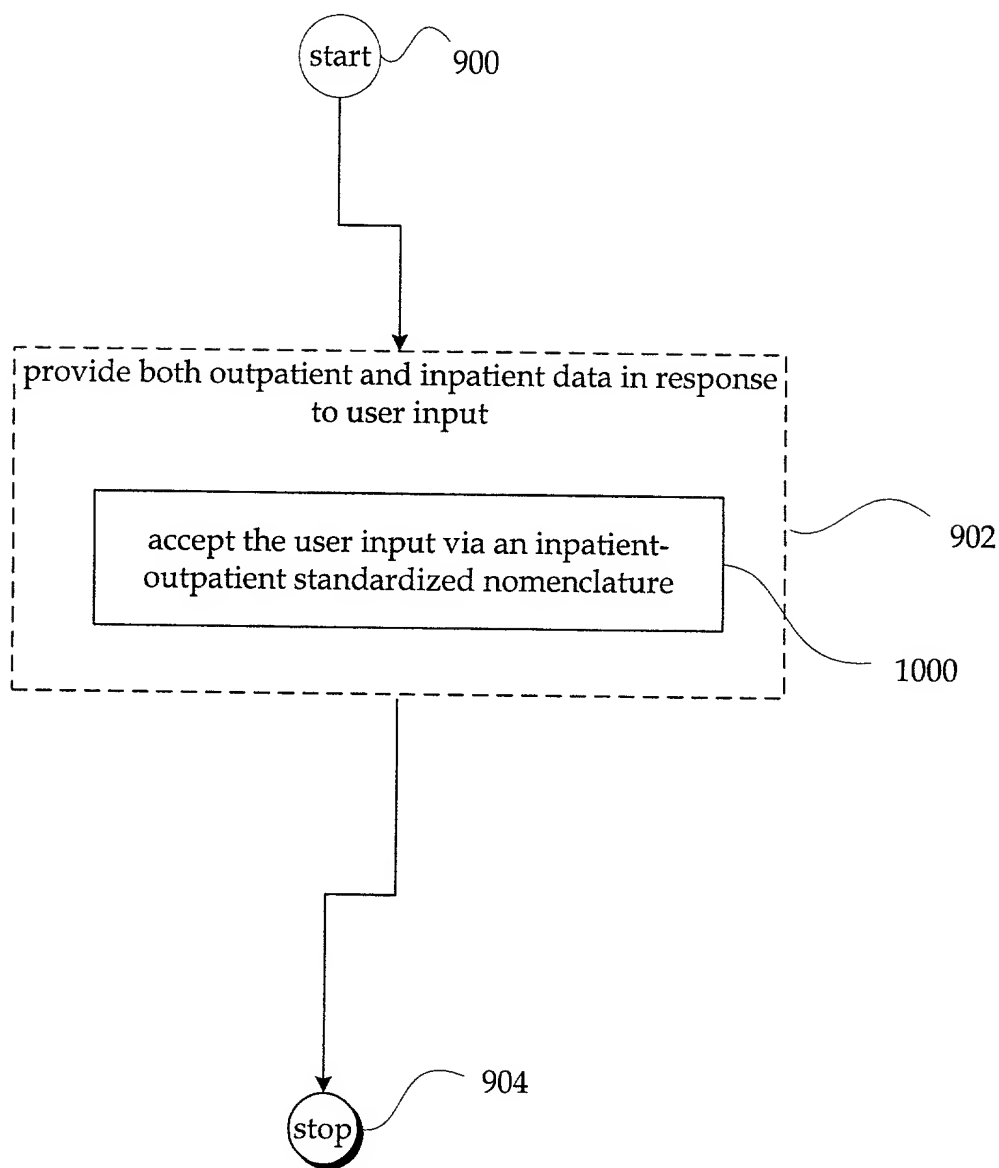


Fig. 10

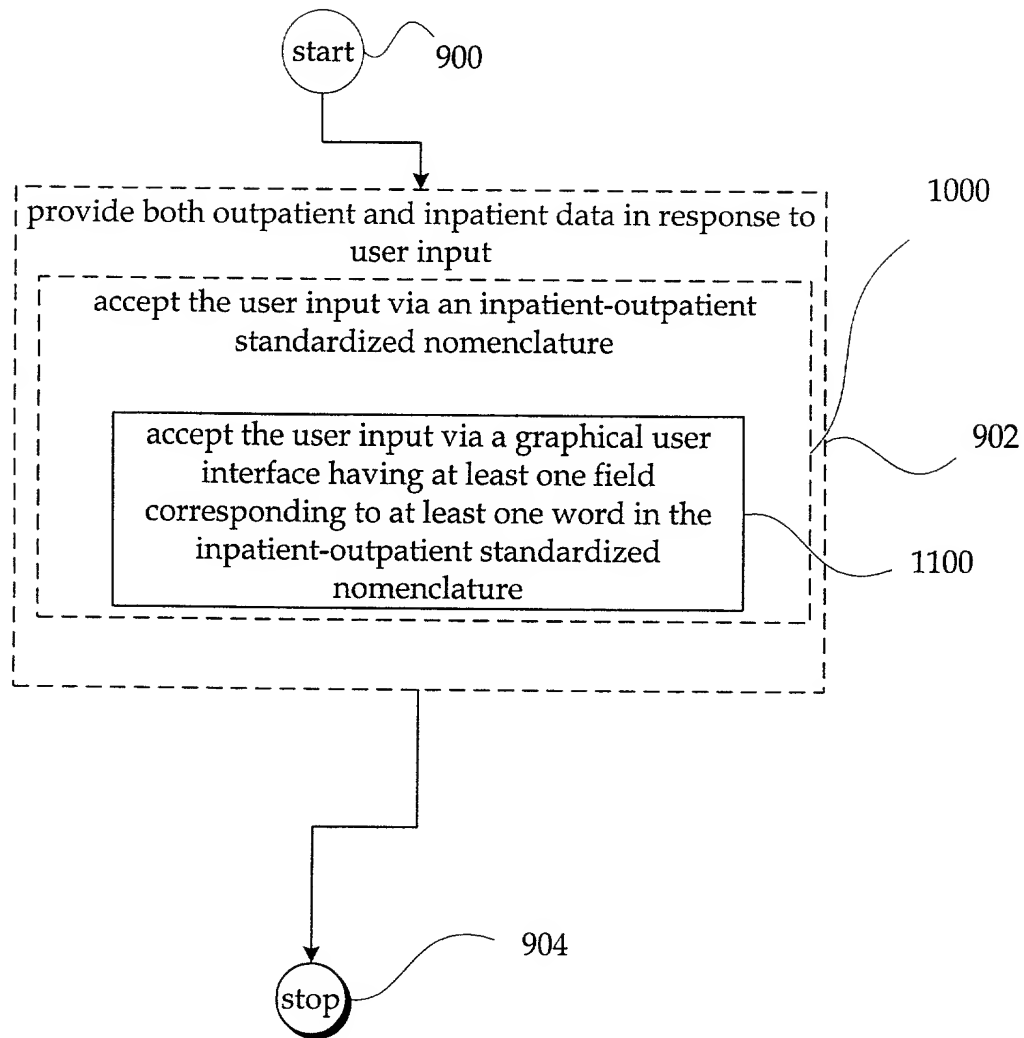


Fig. 11

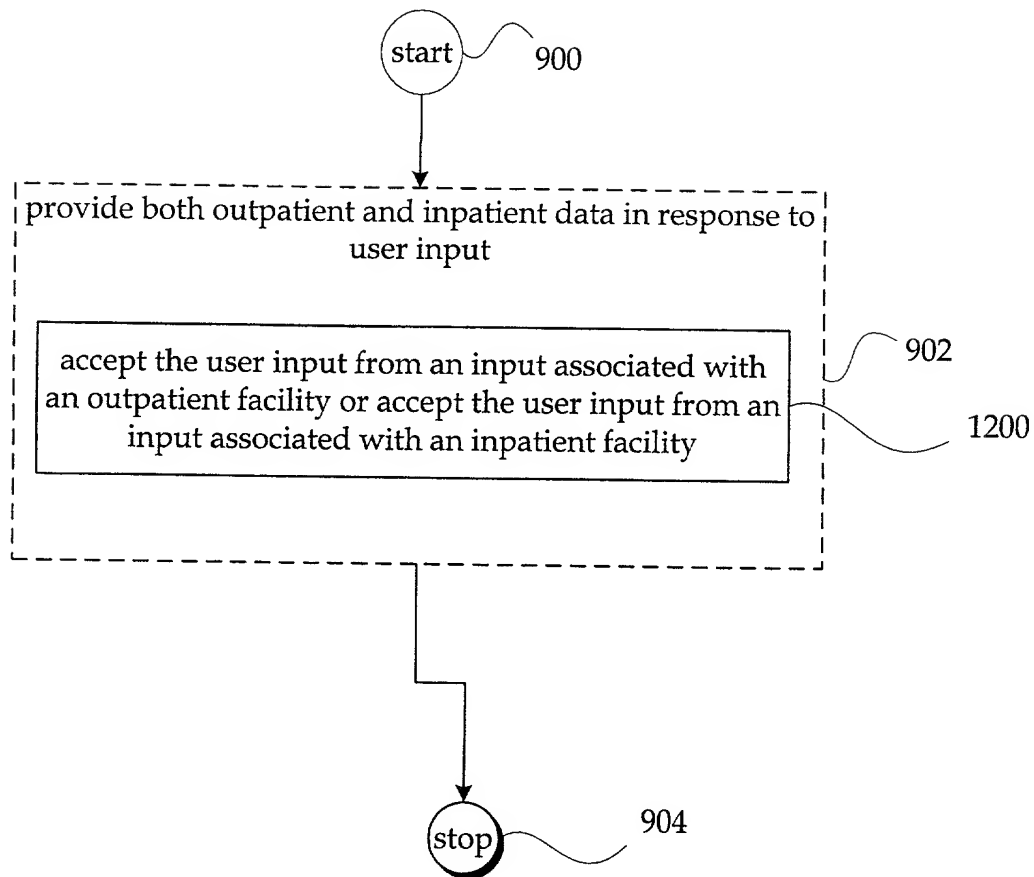


Fig. 12

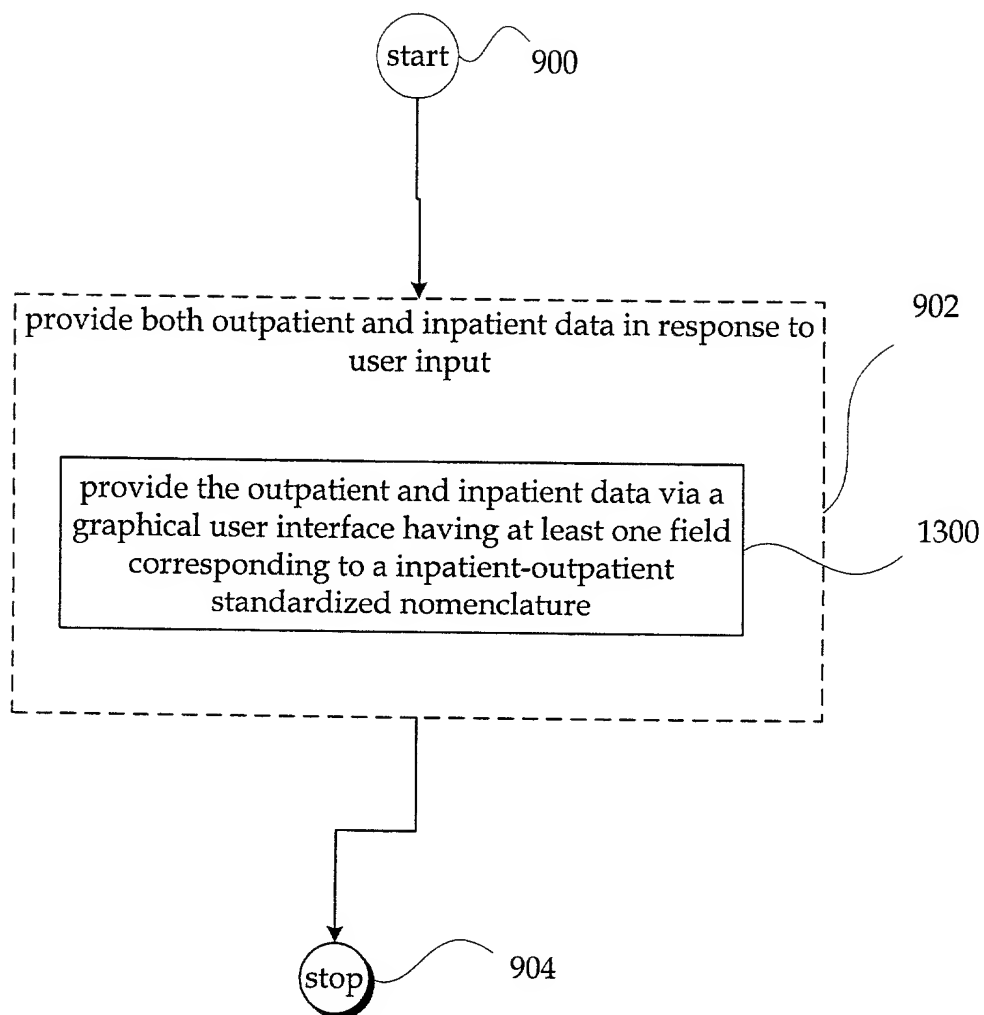


Fig. 13

STORC - Standard Obstetrics Record Charting System

File View Tools Windows Help

Functional Area: OB Clinic

Key Info General Visits Physical History Cerv Exams Demo Tests US Procs Meds Compl Ph List Notes

Key Information for Patient Name; Patient SSN **Disposition: PREGNANT**

UNASSIGNED Age: 26 G/P: 3/0/0-2-0 EDC: 16 Dec 2001 Gest Age: 38.0/7 Type/Rh: O- **STD LABS ALLERGIES**

Notes Labs Phone Consult Print **Key Information** All Pbs Major Minor Row Height: 100

Problem List: (R - Resolved)

Problem/Condition	Plan (Double click in field to see entire plan)	Comment	Date
ASTHMA	on Alupent/Azthmacort inhaler pm		02 C
LATEX ALLERGY	delivery at LRMC	associated with RASH	02 C
OTHER, SPECIFY		Pt reports allergy to PCN, Tetracycline, Sulfa,	25 C
OVARIAN MASS CYSTIC, SPECIFY	L - 9 cm simple cystic mass- transfer from	delivery at LRMC	02 C
RH NEGATIVE			25 C
SEIZURE DISORDER, OTHER	Not active	CHILDHOOD ILLNESS	02 C

Allergies

Allergy Name	Comment
CLINDAMYCIN	swelling
LATEX	

Current/Prior Admissions **Current Meds (not available yet)**

Surgical History

Surgical Procedure	Comment

Social/Substance History

Social/Substance Condition	Comment

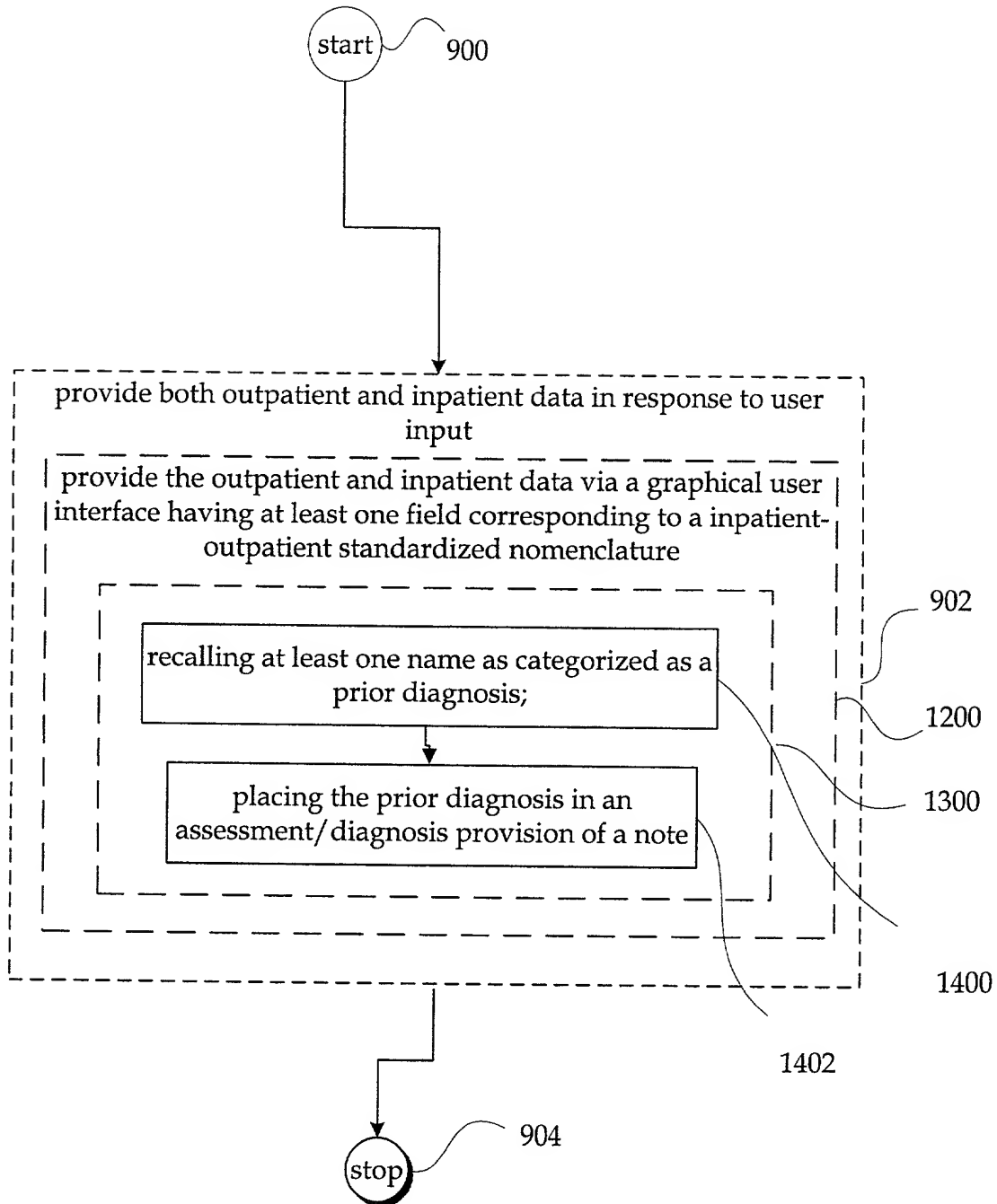
Note: If some items are not listed and they should be, make sure you have saved all changes on all open screens and then click Refresh. Use the Windows menu option to view a list of open screens.

Office

Start Slide Sh. CHSC CHSC Inbox STORC RE: Let. Micropo...

6:35 AM

Fig. 13A

*Fig. 14*

STDOR - Standard Obstetrics Record Charting System TRAINING DATABASE

File View Tools Windows Help

Key Info General Visits Physical History Cerv Exams Demo Tests US Procs Meds Compl Pb List Notes

Functional Area: OB Clinic

ROB/COB Detailed Visit Information for Patient Name; Patient SSN Disposition: DELIVERED

COMPLICATED Age: 38 G/P 5/1-1:3:2 EDC: 30 Jul 1999 Gest Age: 38 4/7 Type/Rh: A STD LABS NKDA

Detailed OB Visit Information

Subjective Objective Assessment/Plan ROB Visit COB Visit Next

Assessment

Assessment (Health Condition/Diagnosis)	Pb List?	Plan (Dbl Click)	R/O?	Comment	Add	Delete
LATEX ALLERGY	<input type="checkbox"/>		<input type="checkbox"/>			
ROB, UNCOMPLICATED	<input type="checkbox"/>		<input type="checkbox"/>			

ROB COB

Patient Specific Assessment(s)

Plans

Standard Plan/Remark	Entered By	Entered Date	Del	Add Plan	Delete	Std
Standard Plan for >= 41 wks	drmann	30 Nov 2001 1500				

Patient Specific Plan(s)

Labor Precautions, Daily Fetal Kick Counts recommended, RTC in 1 week, NST/AFI 2x/wk, Consider induction

CHRONIC CONDITIONS WERE ADDED View Existing Notes OK Cancel Reset Help

Office

Start Slide Inbo CD Inbo CHC CHC FW RE Microsoft Word - Document5 2:46 PM

Fig. 14A

22/55

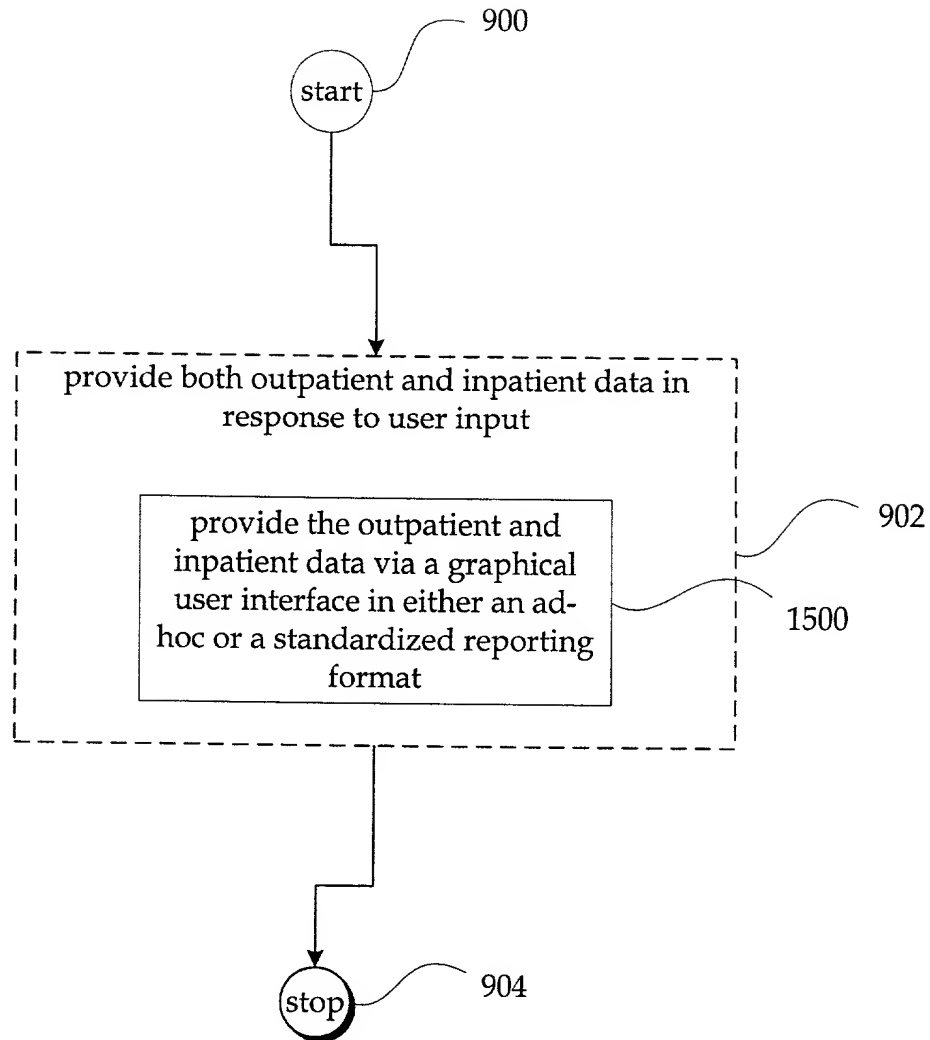


Fig. 15

STORC - Standard Obstetric Record Charting System

STORC On-Line Query Tool for Statistics, Research and Outcomes Analysis

On-Line Query Tool Detail Screen

Item: # of Items Per Page: (Use a leading 0 for values < 10, i.e. 05)

Order By: ☒ Count/Total ☐ Item Value/Description

Option: ☒ Show Total and Label ☐ Show % and Label ☐ Show % Total and Label

Total Records Matching Selected Criteria: 137

On-Line Query Tool Detail Information

Selected Item: Delivery Type Total Records Matching Criteria: 137

→ All Deliveries From: To: Sorted By: Patient Name

→ Result List and Total are at the Newborn level

→ Newborn Items Selected: Newborn Delivery Physician =

1 C-SECTION DELIVERY, LOW VERTICAL	
1 C-SECTION DELIVERY, CLASSICAL	
2 VAGINAL DELIVERY, FORCEP ASSISTED	
8 VAGINAL DELIVERY, VACUUM ASSISTED	
13 C-SECTION DELIVERY, LOW TRANSVERSE	
106 VAGINAL DELIVERY	

Office

Start Slide... Inbo... CD... Inbo... CHC... CHC... FW... RE... Mic... ST... 3:02 PM

1550

1552

Fig. 15A

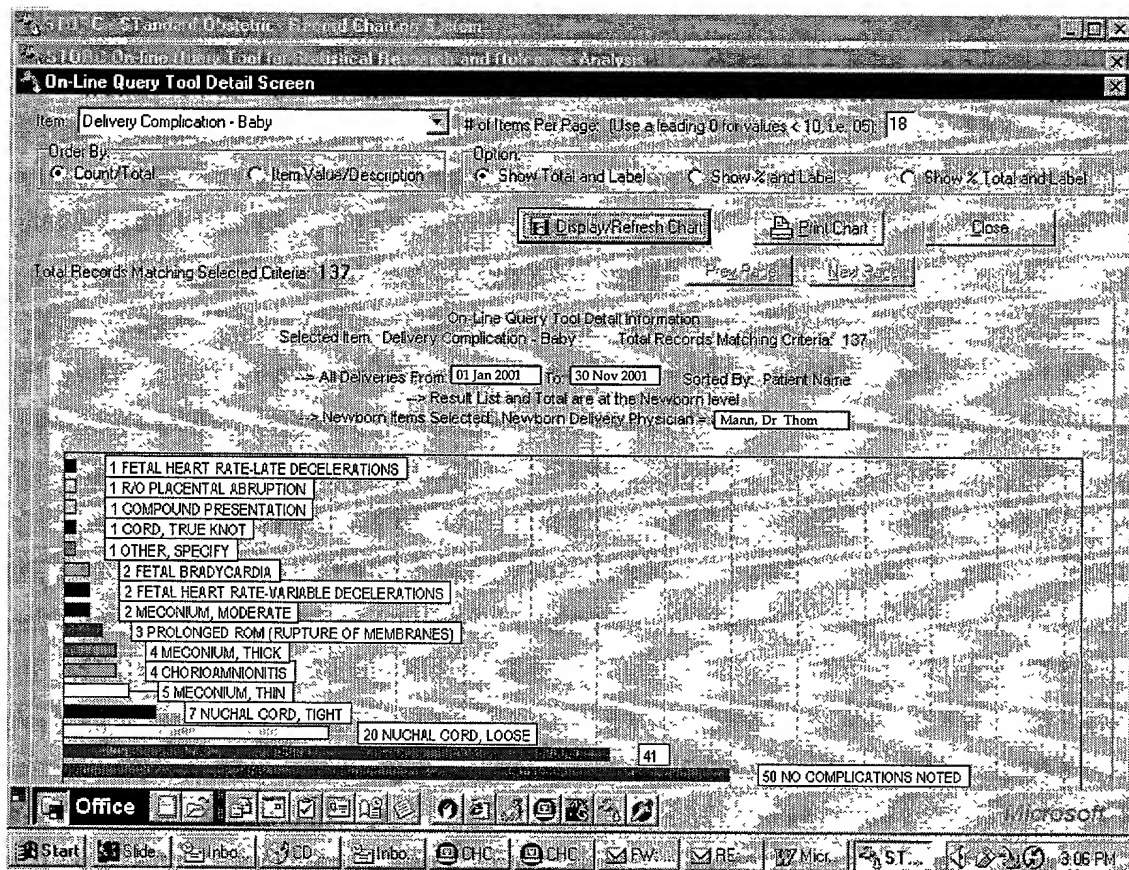
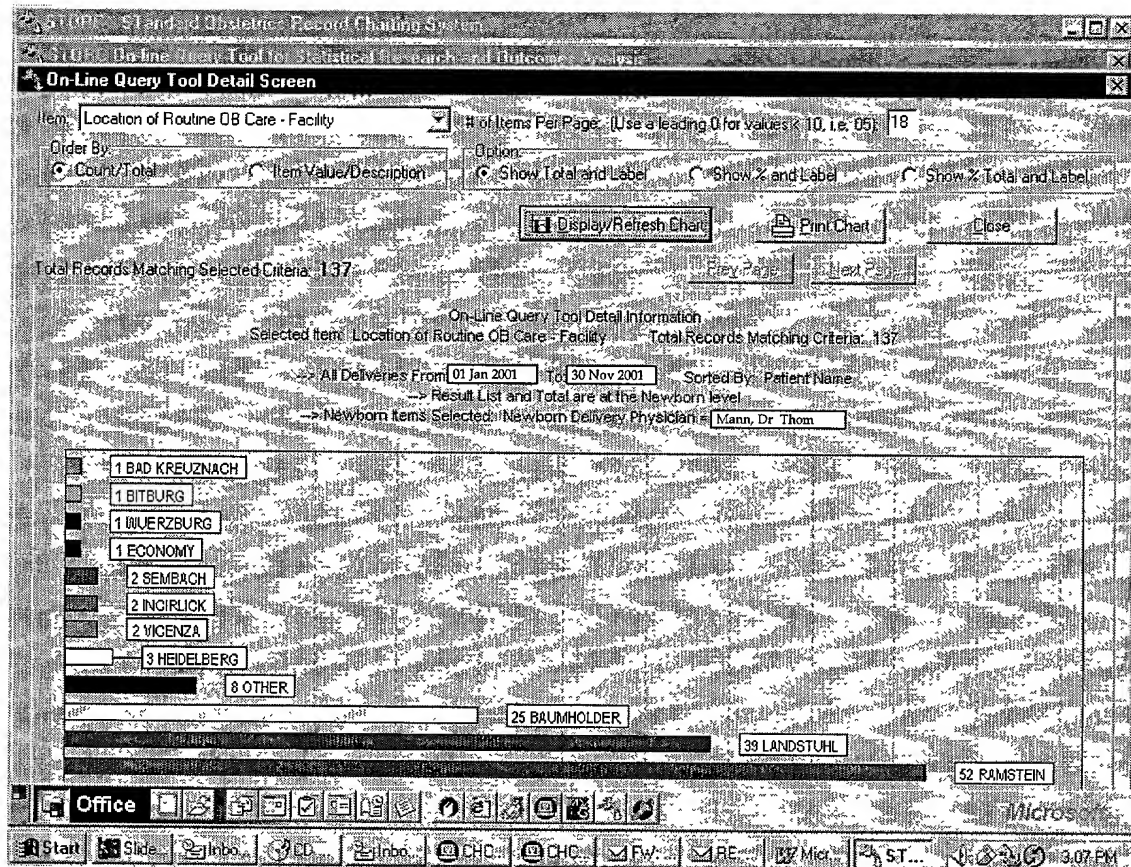


Fig. 15B



1580

1582

Fig. 15C

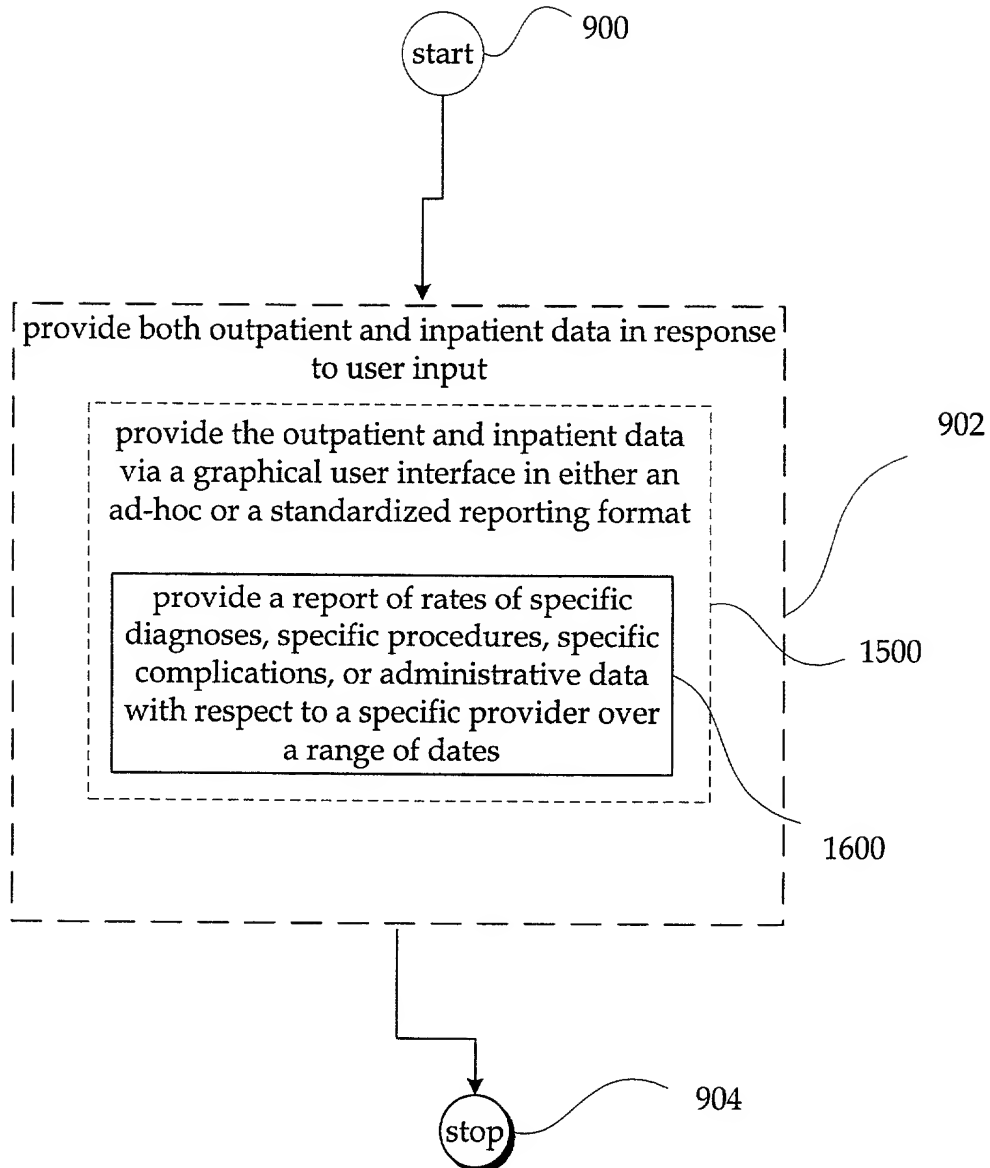
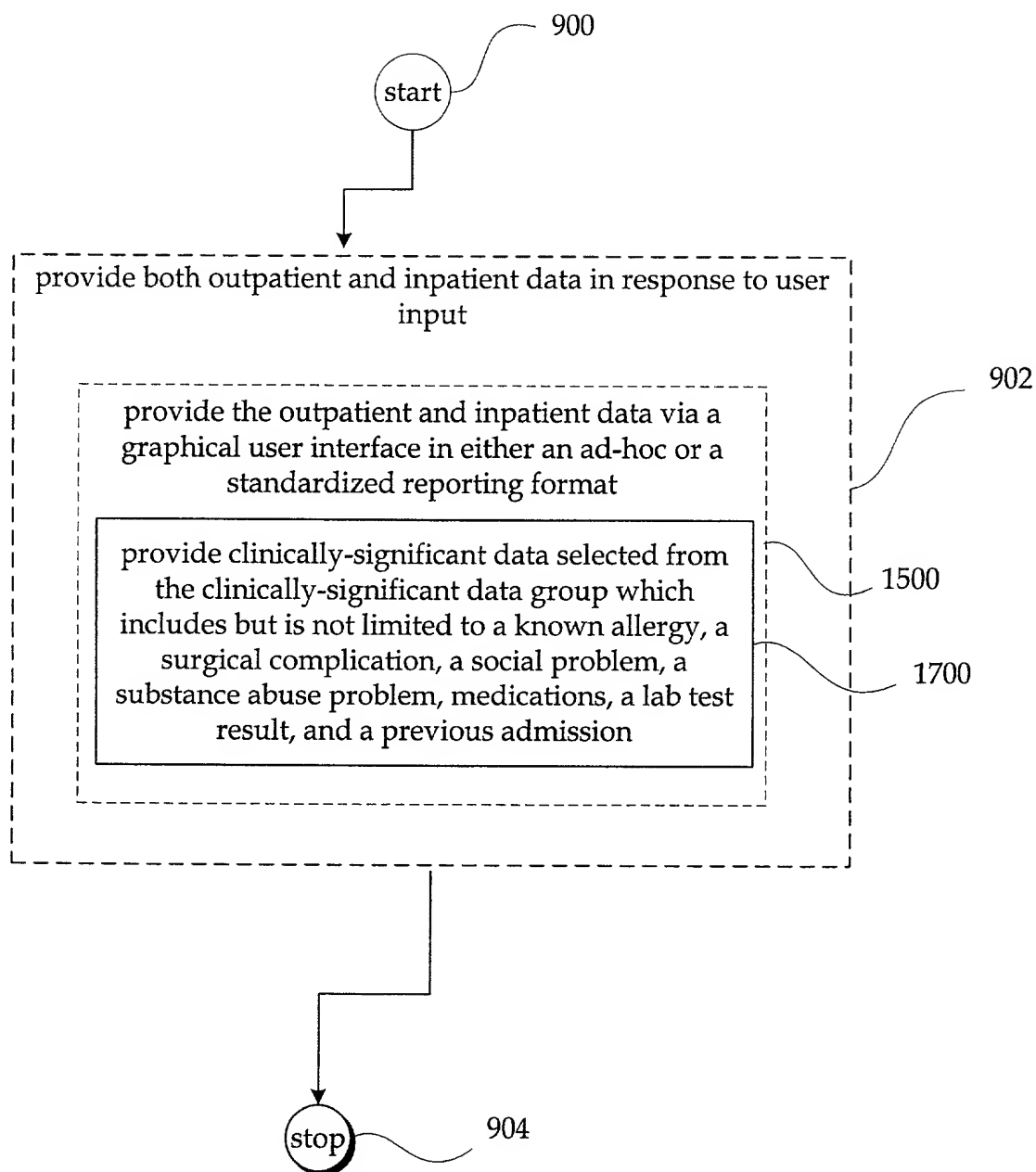


Fig. 16

*Fig. 17*

28/55

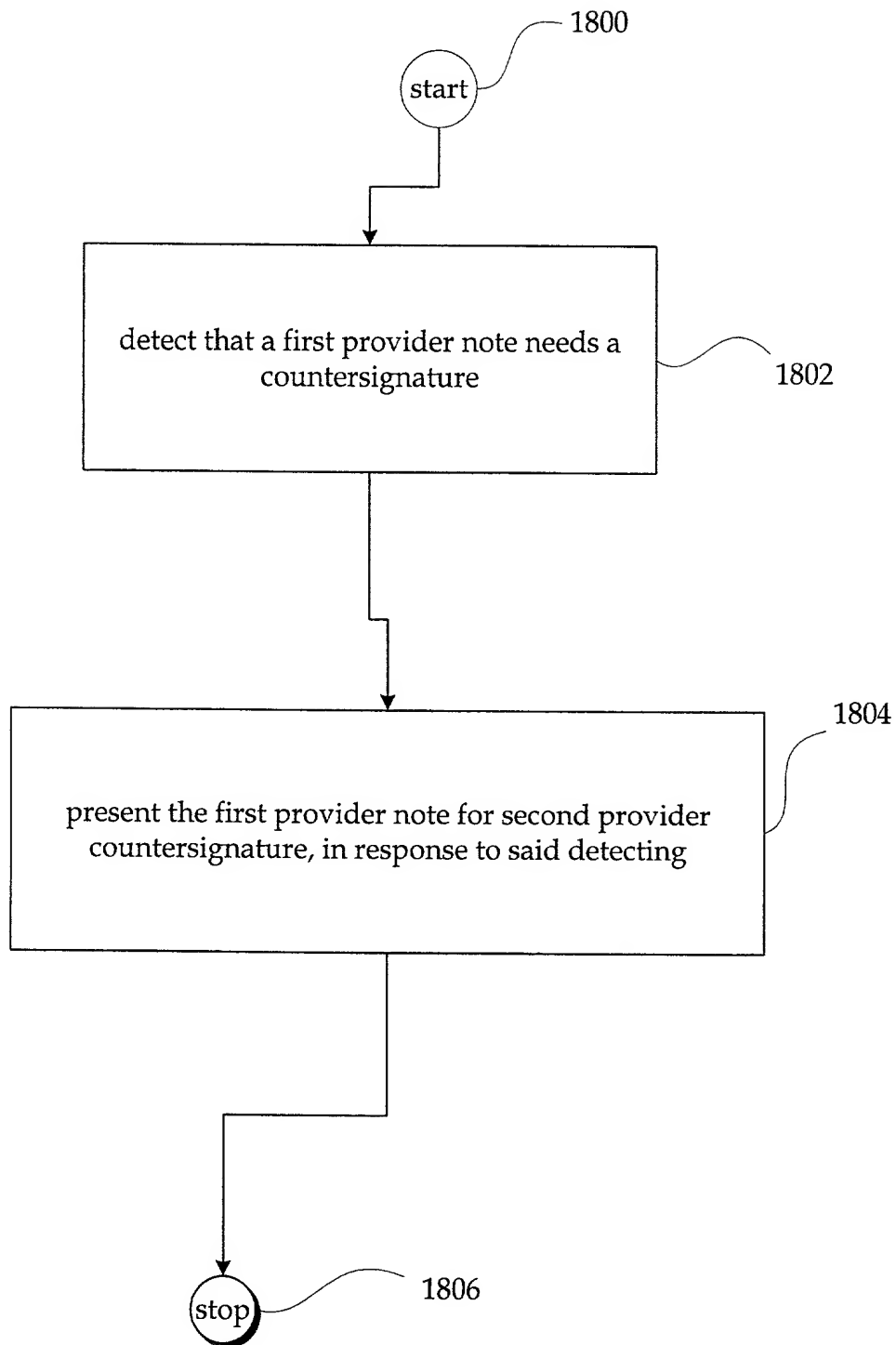


Fig. 18

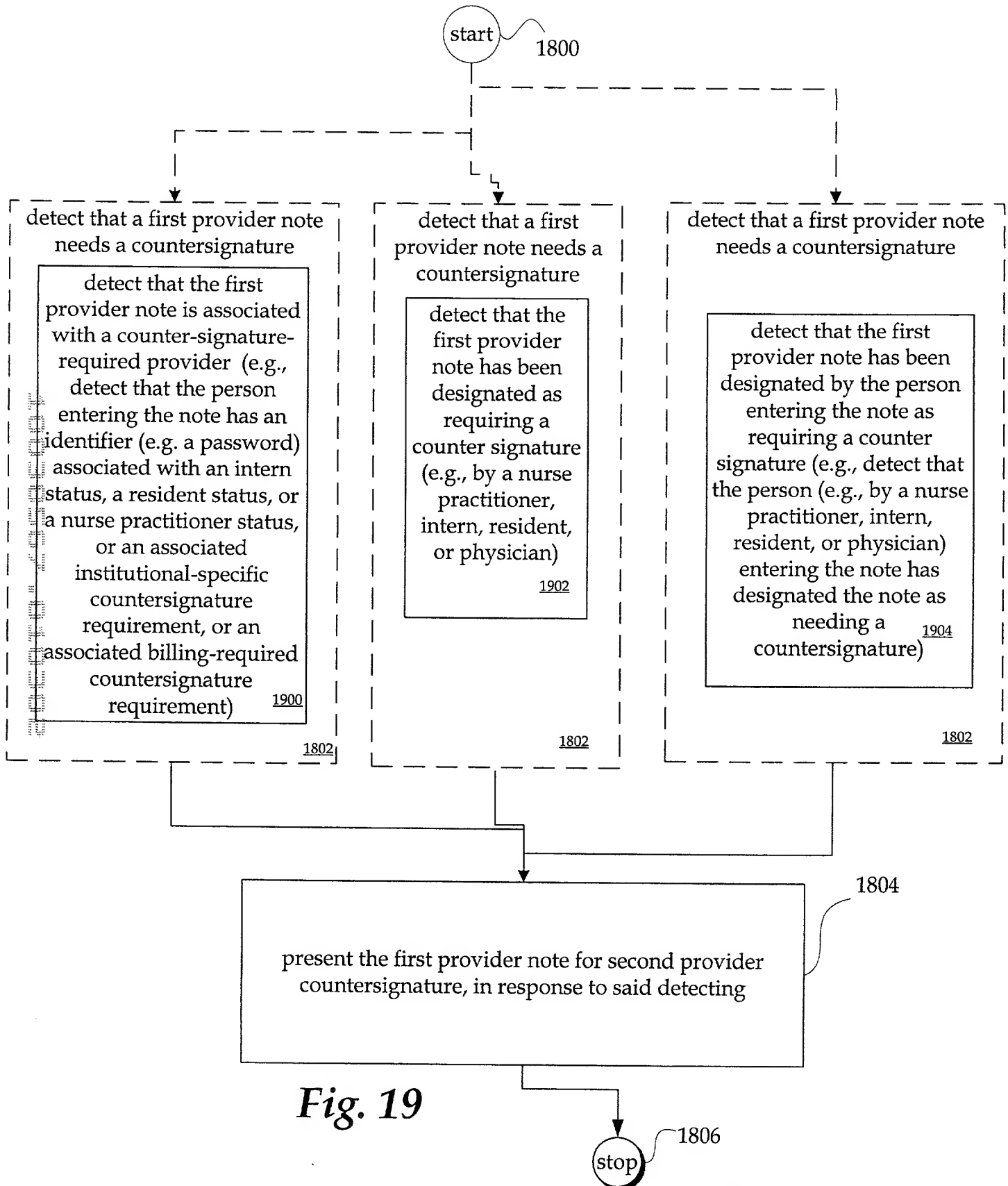


Fig. 19

STORC - Standard Obstetrics Record Charting System

File View Tools Windows Help

Key Info General Visits Adm History Exams Delivery EDP Discharge Demo Tests US Procs Meds Compl Pb List Notes

Progress Notes for Patient Name; Patient SSN **Disposition: PREGNANT**

UNASSIGNED Age: 32 G/P: 1/0-0-0-0 EDC: 30 Feb 2002 Gest Age: 28 6/7 Type/Rtk: A **STD LABS ALLERGIES**

Assoc Visit/Encounter: ROUTINE OB New Phone Call/Consult: 17 Nov 2001 0800 **Progress Notes** View Existing Notes

Progress Note Category: ANTEPARTUM NOTE Provider to Review Note: Doe, John A. Date the Note is for: (optional) Time:

Standard Note Free Text/Addendum to Standard: Blank/Addendum Text: Test note

Next (Note: To clear the date, click in the field and press the Delete key.)

Critical? ☐ Yes ☒ No

Type: ☐ Inpatient ☒ Outpatient

View Entire Note Save/Close Save Cancel Reset Help

Office

Start Slide Inbo... CD Inbo... CHC CHC FW... RE Micr... ST... 3:34 PM

1950

1952

Fig. 19A

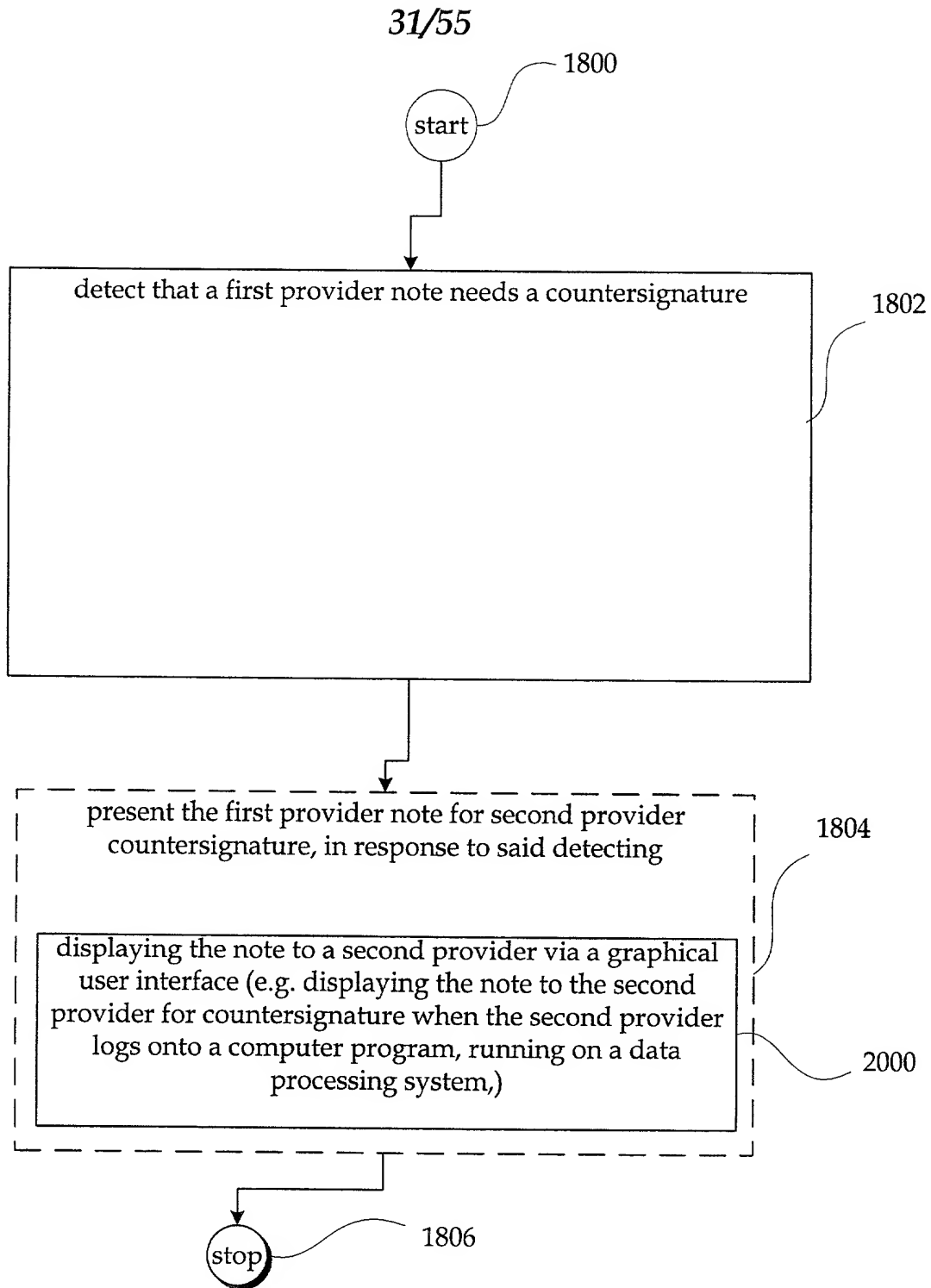
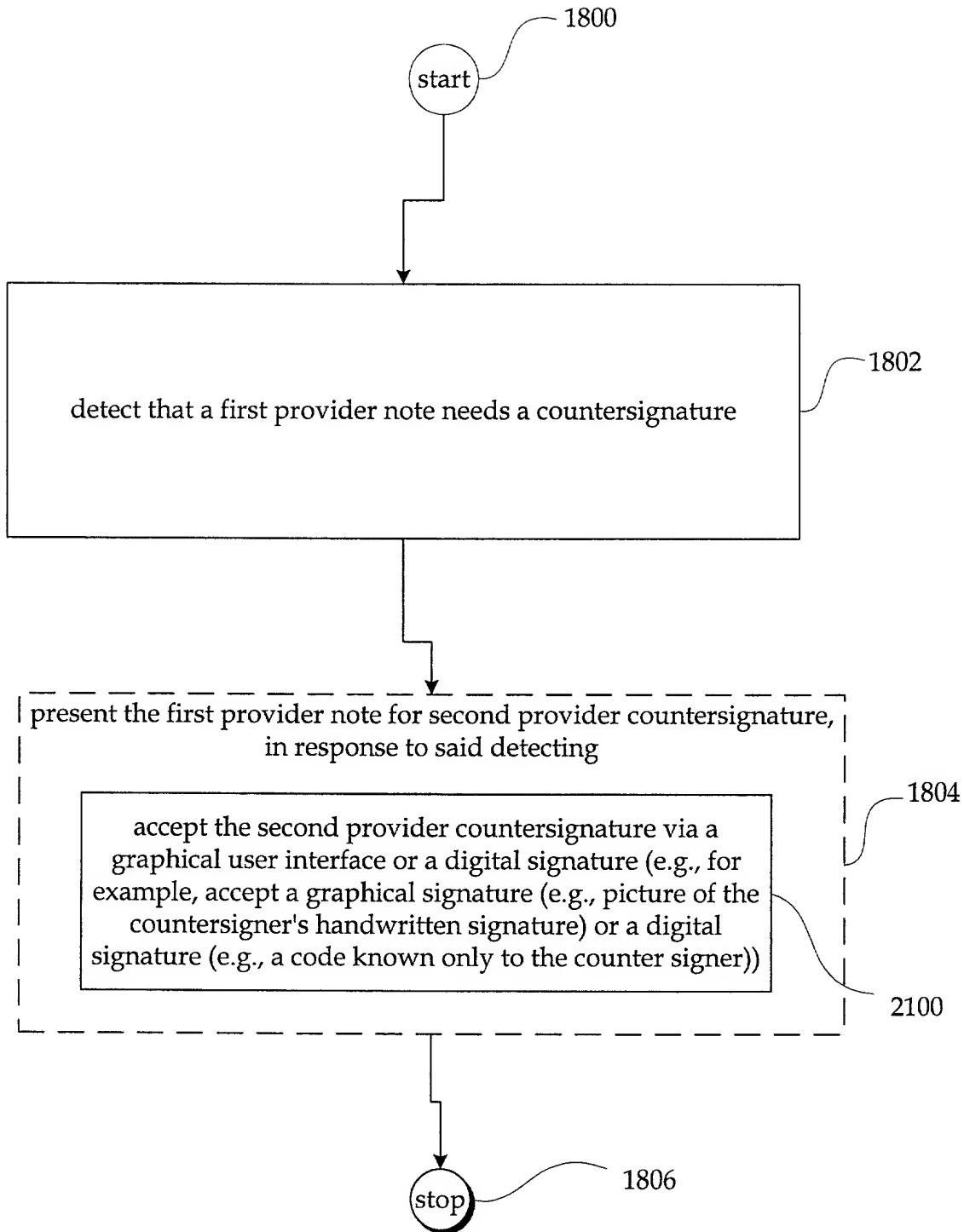


Fig. 20

2052

ATTORNEY CLIENT PRIVILEGED AND/OR CONFIDENTIAL

*Fig. 21*

34/55

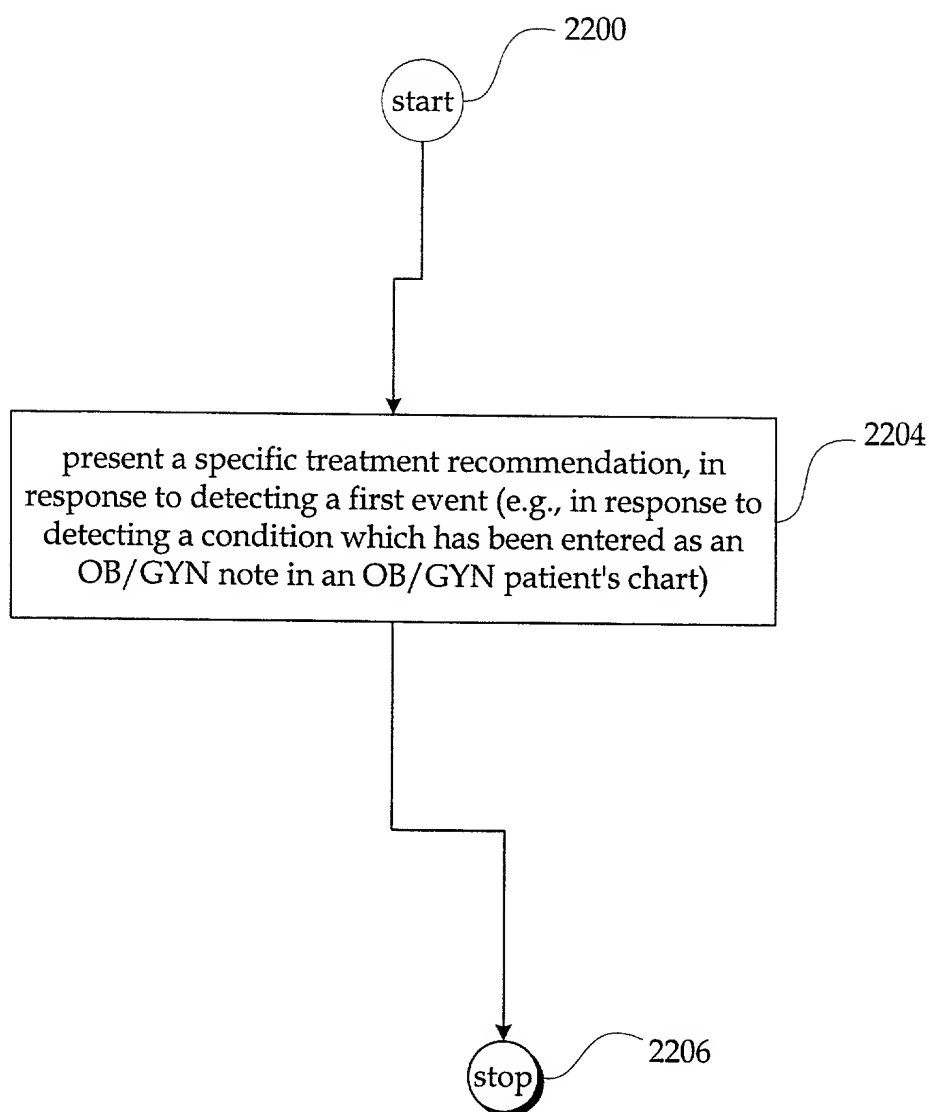


Fig. 22

Standard Obstetrical Record Charting System

File View Tools Windows Help

Functional Area: Labor and Delivery

Key Info General Visits Adm History Exams Delivery EDP Discharge Demo Tests US Proc Meds Compl Pb List Notes

ROB/COB Detailed Visit Information for Patient Name; Patient SSN Disposition: PREGNANT

LOW Age: 20 G/P: 2/0-0-1-0 EDC: 08 Mar 2002 Gest Age: 17 1/7 Type/Hr: 0+ STD LABS NKDA

Detailed OB Visit Information

Subjective Objective Assessment/Plan

Assessment

Assessment (Health Condition/Diagnosis)	Pb List?	Plan (Dbl Click)	R/O?	Comment	Add	Delete
OBESITY	<input type="checkbox"/>		<input type="checkbox"/>			
ROB UNCOMPLICATED	<input type="checkbox"/>		<input type="checkbox"/>			
MASTITIS, PREGNANCY	<input type="checkbox"/>		<input type="checkbox"/>			

ROB Visit COB Visit Next

Patient-Specific Assessment(s)

Plans

Standard Plan/Remark	Entered By	Entered Date	Del
Standard Plan for 15 - 19 wks	drmann	17 Nov 2001 1408	

Add Plan Delete Std

Patient-Specific Plan(s)

Offered Triple Screen, RTC in 4-6 weeks, Note quickening
RX with Dicloxacillin

View Existing Notes OK Cancel Reset Help

Office

Start Stop Info CD Info CHC DHC FW RE W Mic ST 3:25 PM

Fig. 22A

STORC Standard Obstetrics Record Charting System

File View Tools Windows Help

Functional Area: OB Clinic

Key Info General Visits Physical History Cerv Exams Demo Tests US Proce Meds Compl Pb List Notes

ROB/COB Detailed Visit Information for Patient Name; Patient SSN Disposition: PREGNANT

UNASSIGNED Age: 37 G/P: 3/1-0-1-1 EDC: 08 Mar 2001 Gest Age: 31-5/7 Type/Rhr: B+ STD LABS NKDA

Detailed OB Visit Information

ROB Visit COB Visit Next

Subjective Objective Assessment/Plan

Assessment

Assessment (Health Condition/Diagnosis)	Pb List?	Plan (Dbl Click)	R/D?	Comment	
ADVANCED MATERNAL AGE	<input type="checkbox"/>		<input type="checkbox"/>		Add
ANEMIA	<input type="checkbox"/>		<input type="checkbox"/>		Delete
ROB, UNCOMPLICATED	<input type="checkbox"/>		<input type="checkbox"/>		ROB

Patient-Specific Assessment(s):

Plans

Standard Plan/Remark	Entered By	Entered Date	Del	
Standard Plan for > 28 wks and < 36 wks	drmann	24 Nov 2001 1103		Add Plan

Patient-Specific Plan(s):

Preterm Labor Precautions, RTC in 2 weeks, Daily Fetal Kick Counts recommended, Breast feeding class encouraged, Signs/symptoms of preeclampsia reviewed, Preadmit if not yet done

View Existing Notes OK Cancel Reset Help

Office

Start Slide Inbo... CD Inbo... CHC CHC RE Mic... S.T... 3:12 PM

2250

2256

Fig. 22B

37/55

2252

STANDARD OB/GYN Record Charting System

File View Tools Windows Help

Functional Area: OB Clinic

Key Info General Visits Physical History Cerv Exams Demo Tests US Procs Meds Compl. Pb List Notes

ROB/COB Detailed Visit Information for Patient Name; Patient SSN Disposition: ADMITTED

COMPLICATED Age: 22 G/P 1/0-0-0-0 EDC 19 Mar 2001 Gest Age: 41 4/7 Type/Rh: A STD LABS ALLERGIES

Detailed OB Visit Information

ROB Visit COB Visit Next

Subjective Objective Assessment/Plan

Assessment

Assessment (Health Condition/Diagnosis)	Pb List?	Plan (dbl click)	R/O?	Comment	Add	Delete
ANEMIA	<input type="checkbox"/>		<input type="checkbox"/>			
CARDIAC DISEASE, SPECIFY	<input type="checkbox"/>		<input type="checkbox"/>	Recommended right arm and right leg B/Ps each visit		
RH NEGATIVE	<input type="checkbox"/>		<input type="checkbox"/>			
ROB, UNCOMPLICATED	<input type="checkbox"/>		<input type="checkbox"/>			

ROB COB

Patient-Specific Assessment(s)

Plans

Standard Plan/Remarks	Entered By	Entered Date	Del	Add Plan	Delete	Std
Standard Plan for >= 41 wks	drmann	27 Nov 2001 1012				

Patient-Specific Plan(s)

Labor Precautions, Daily Fetal Kick Counts recommended, RTC in 1 week, NST/AFI 2X/wk, Consider induction

View Existing Notes OK Cancel Reset Help

Office

Start Stop Info CD Info CHC CHC PW RE Mic ST 3:27 PM

2254

2250

2256

Fig. 22C

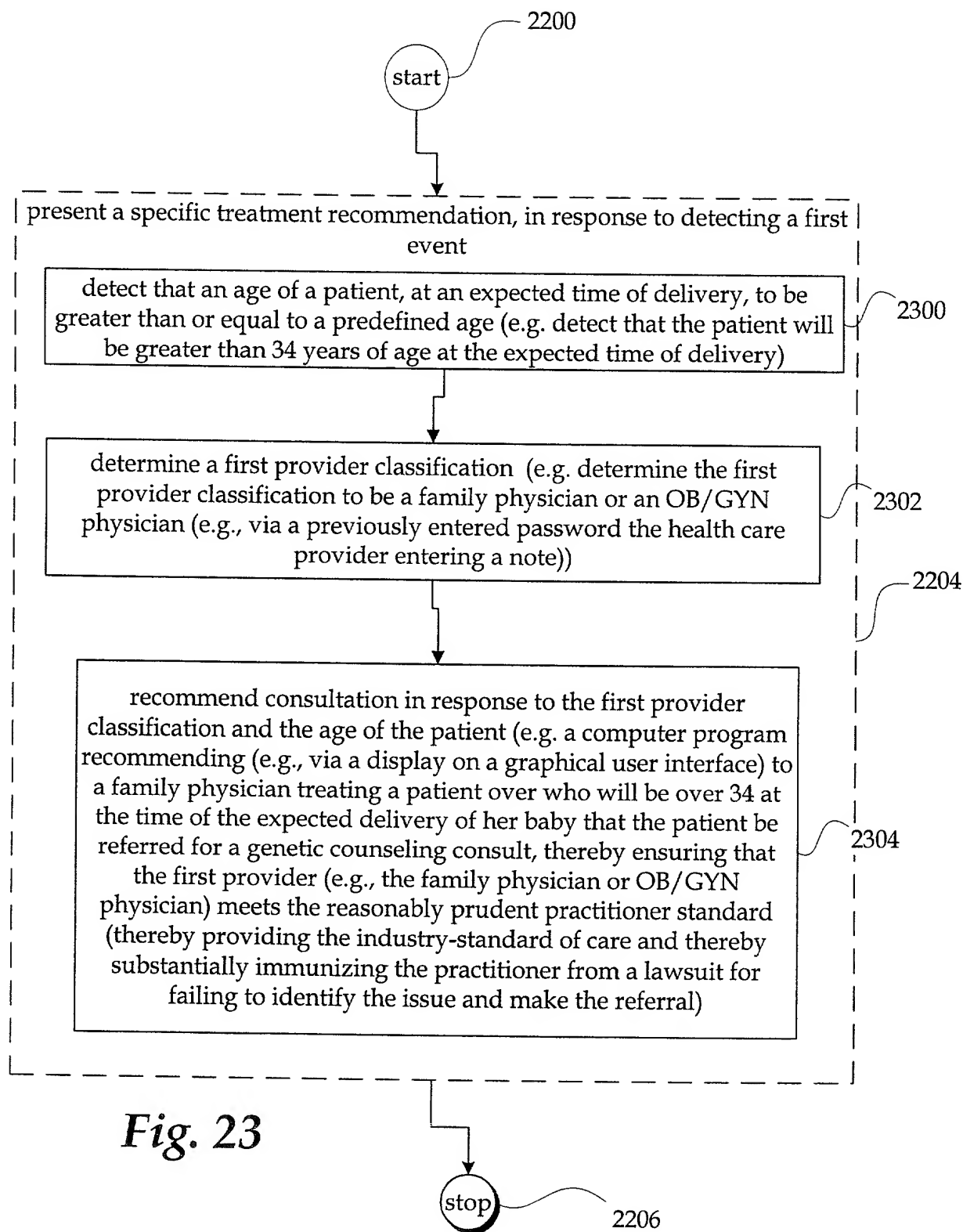


Fig. 23

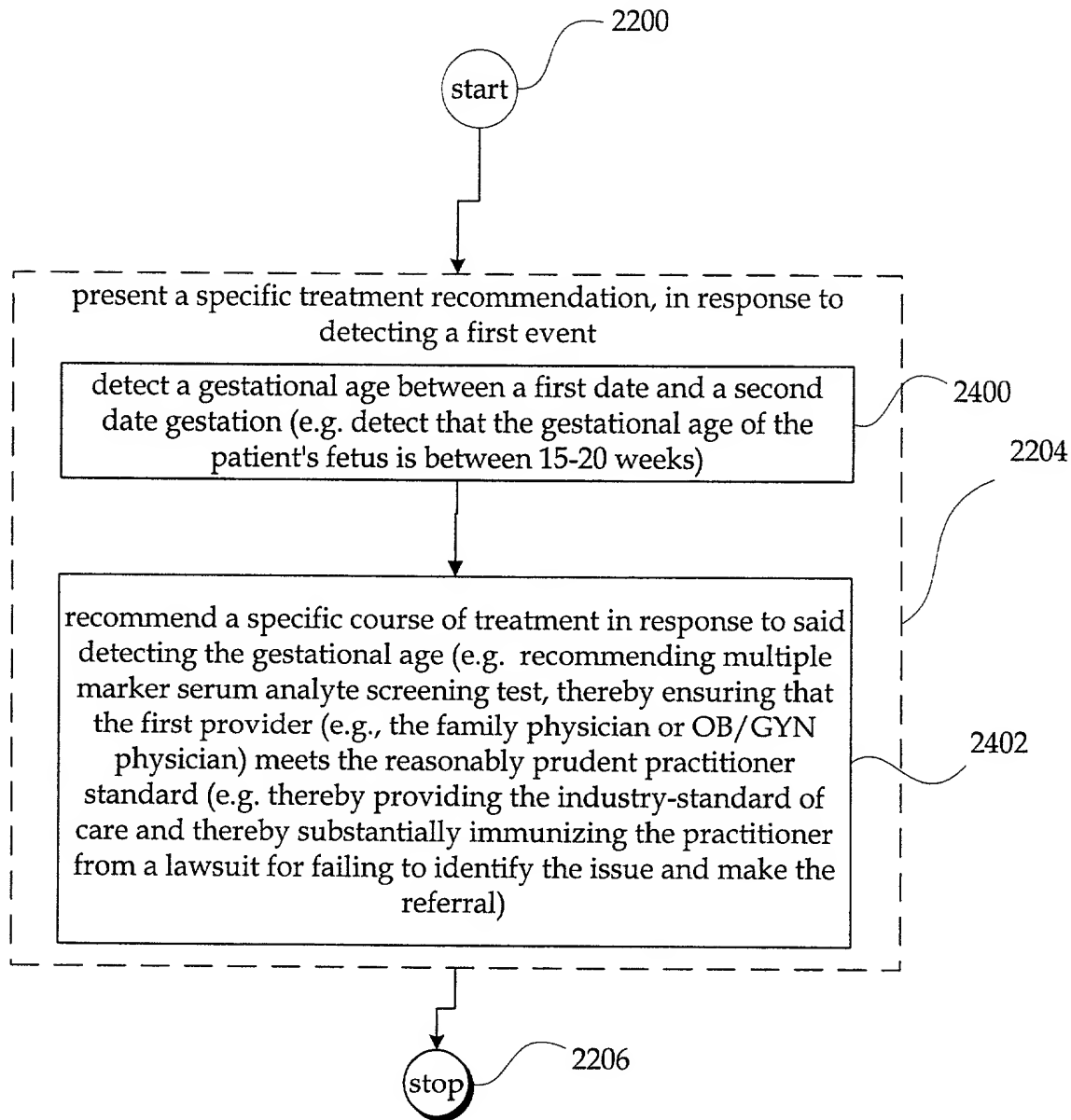
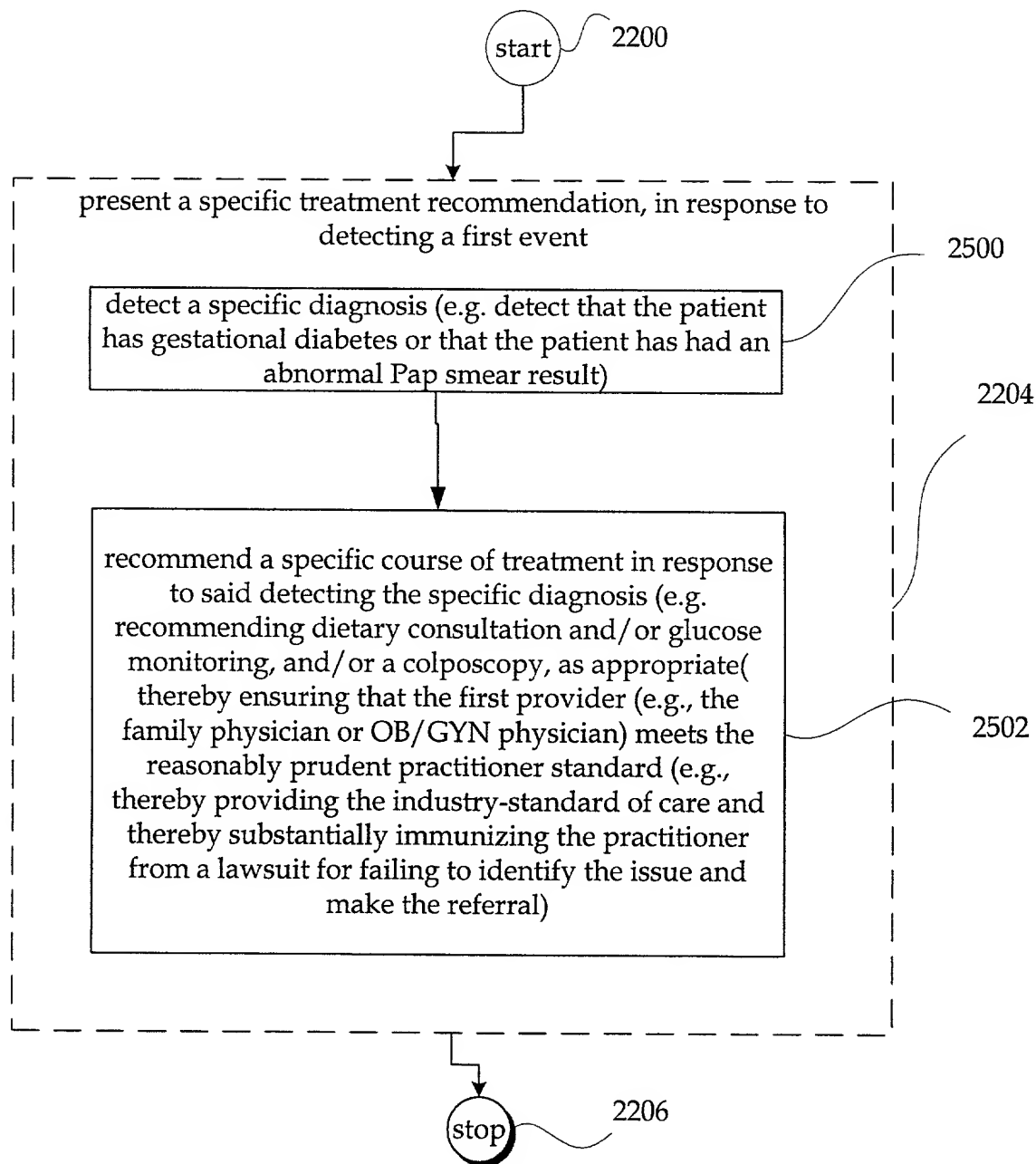
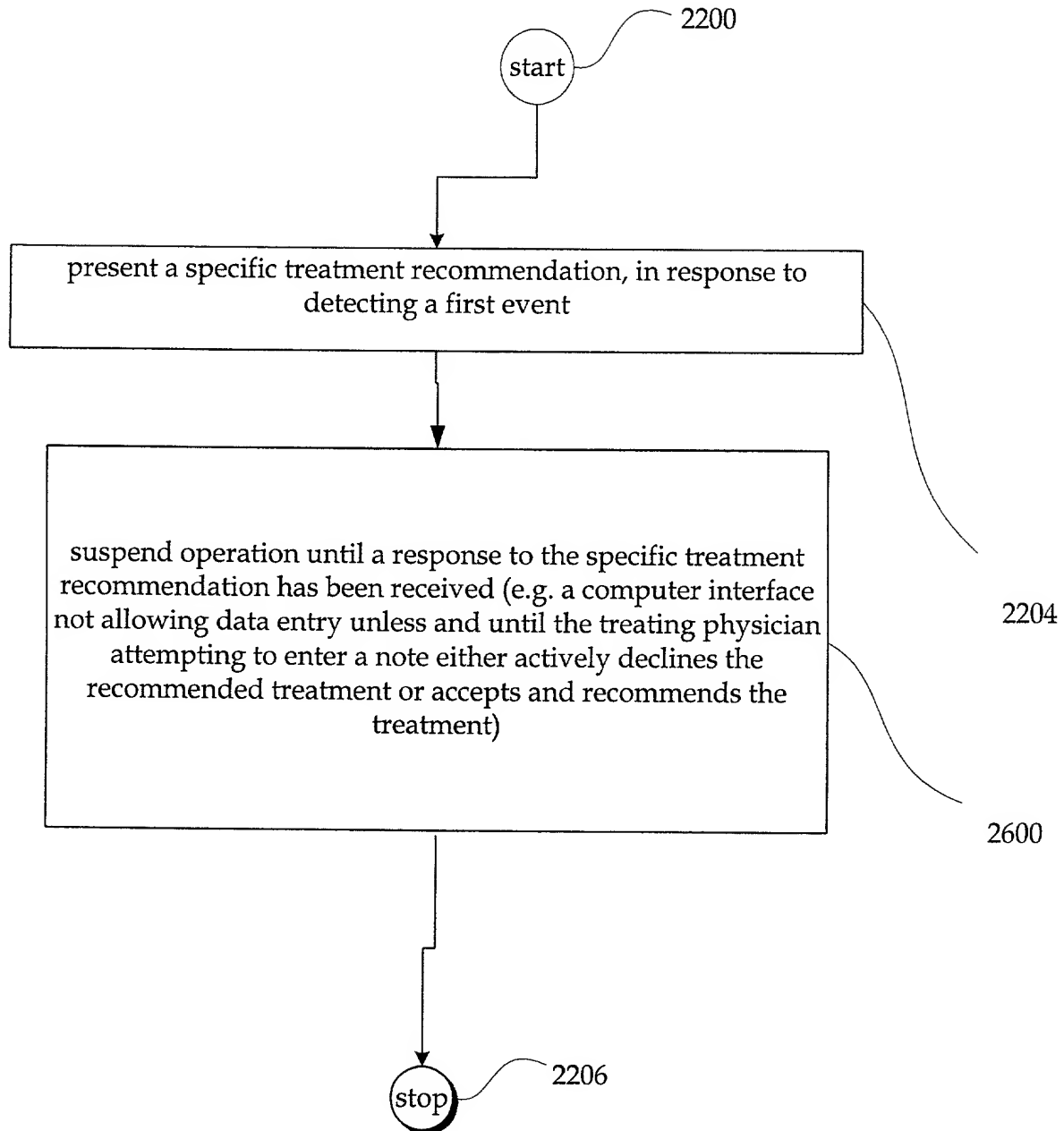
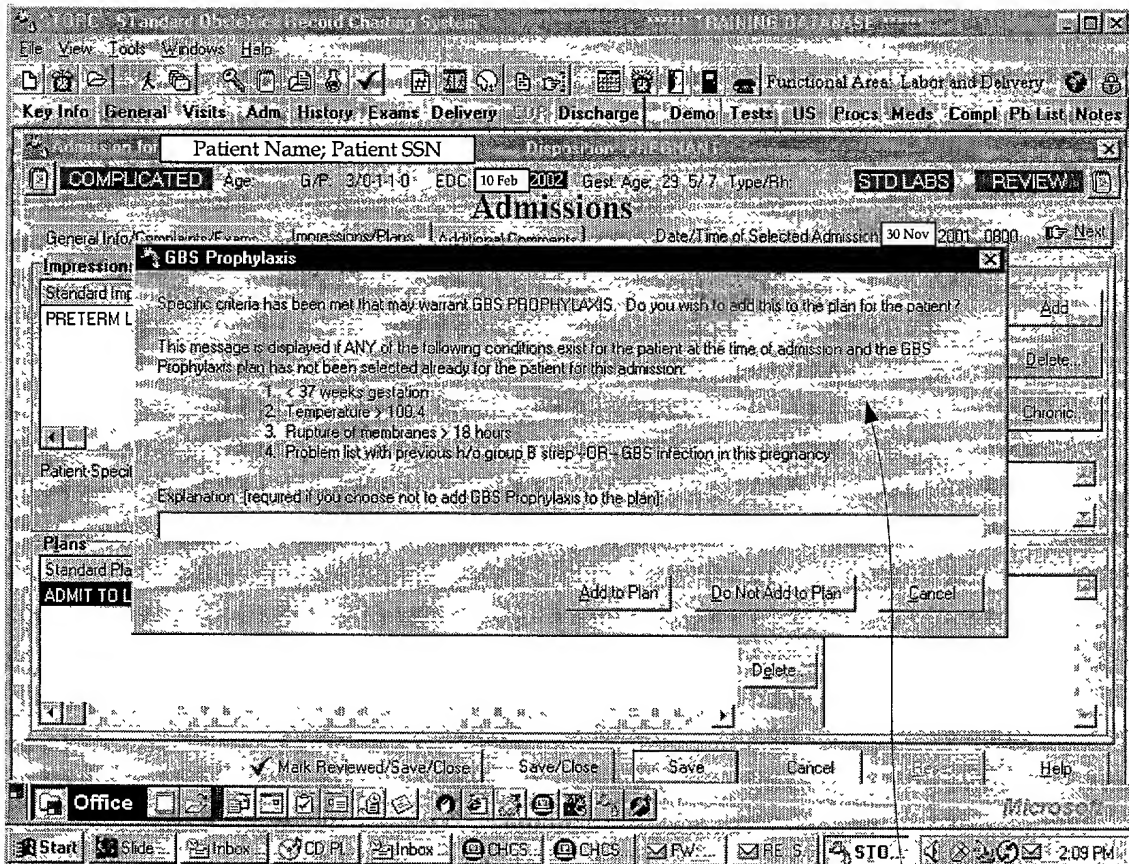


Fig. 24

*Fig. 25*

*Fig. 26*

42/55



2650

2652

Fig. 26A

43/55

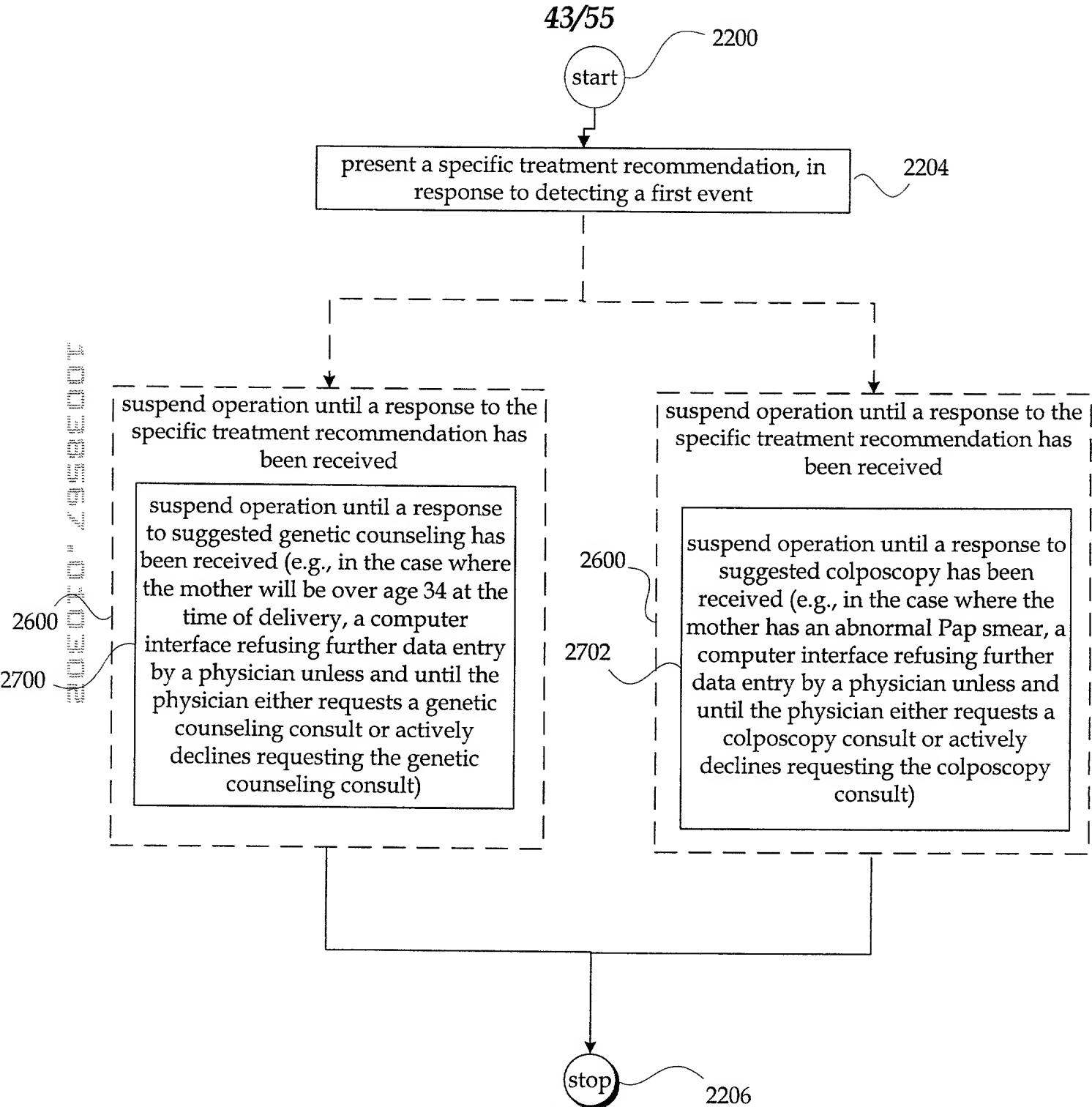


Fig. 27

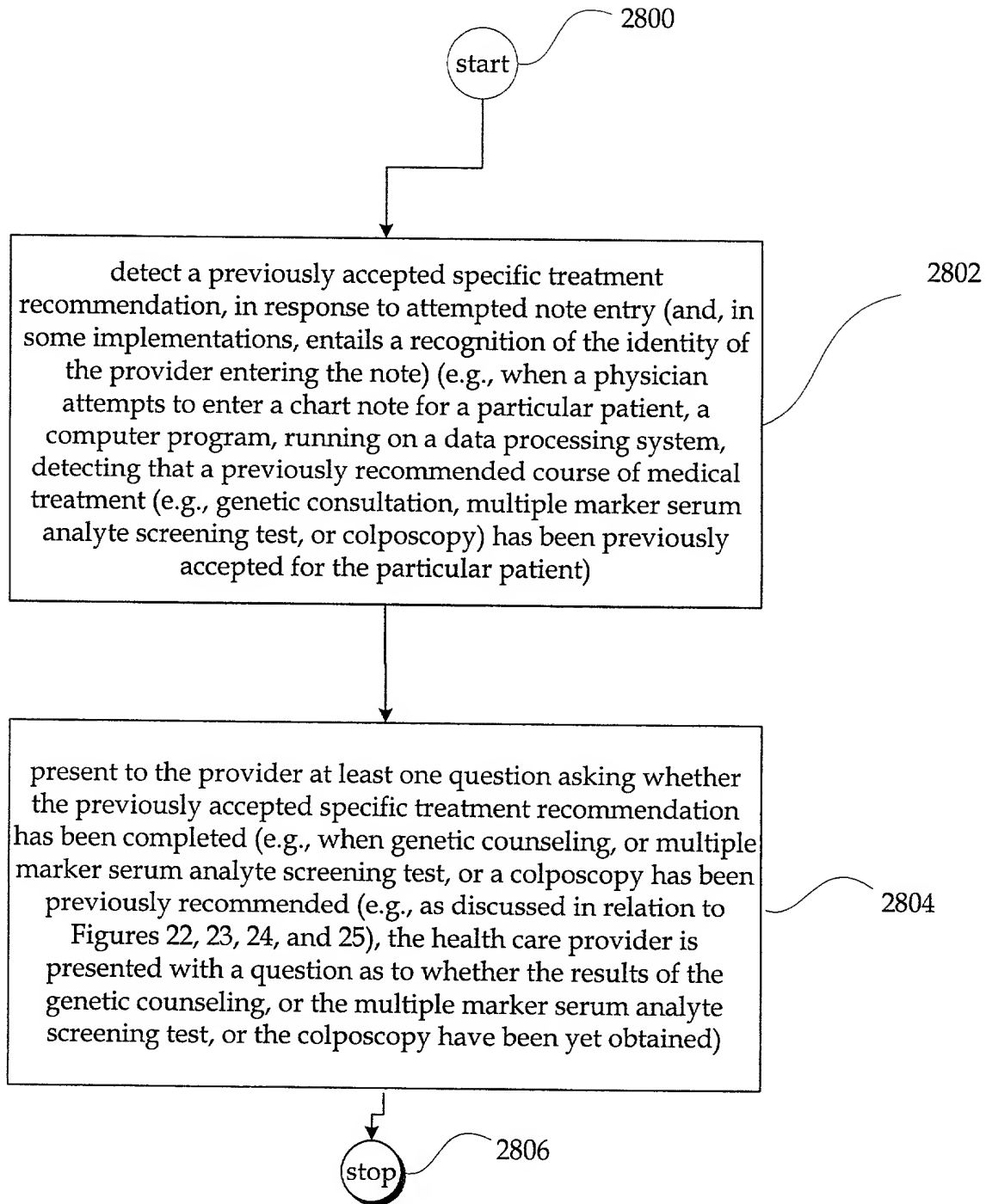


Fig. 28

45/55

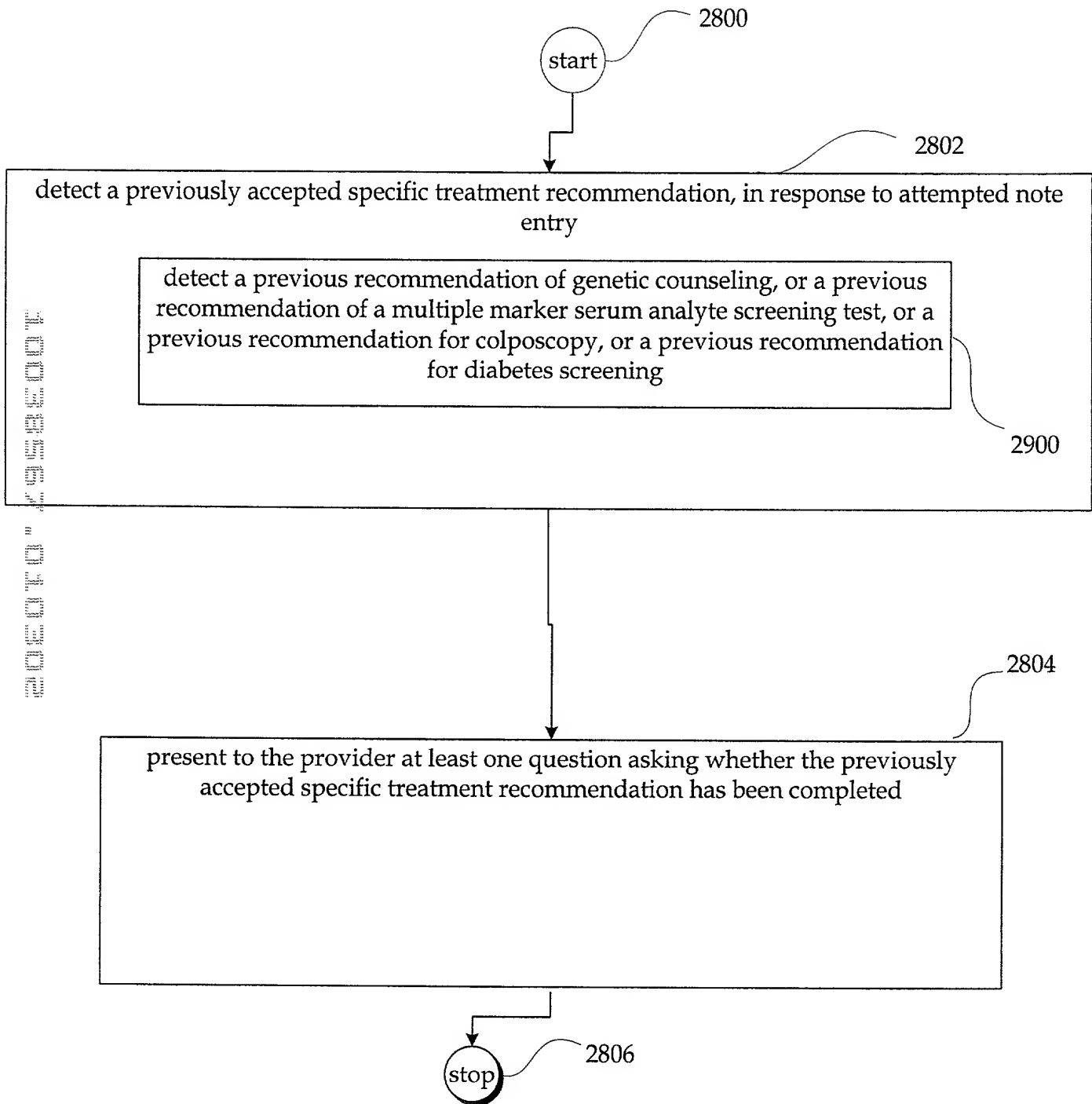


Fig. 29

46/55

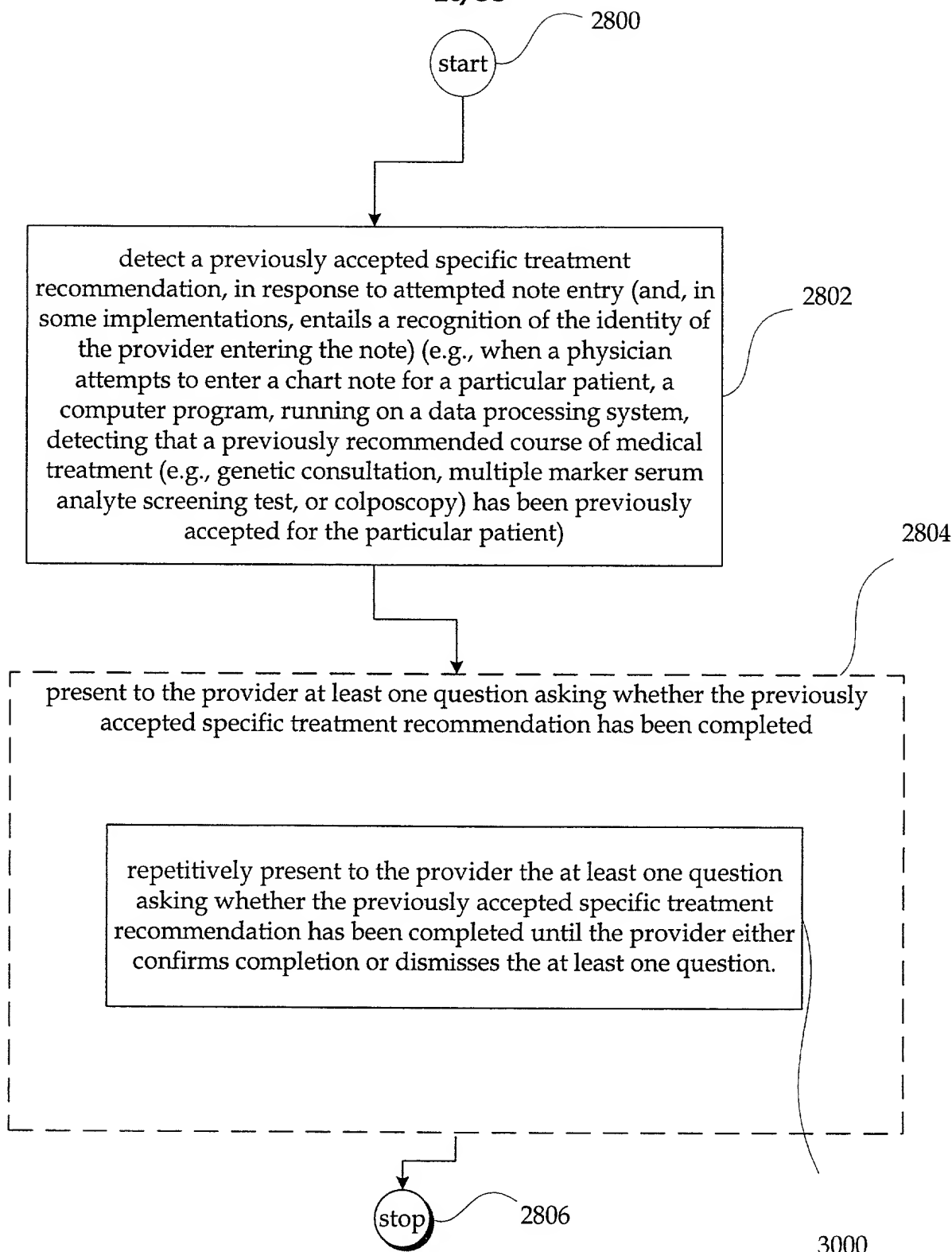


Fig. 30

47/55

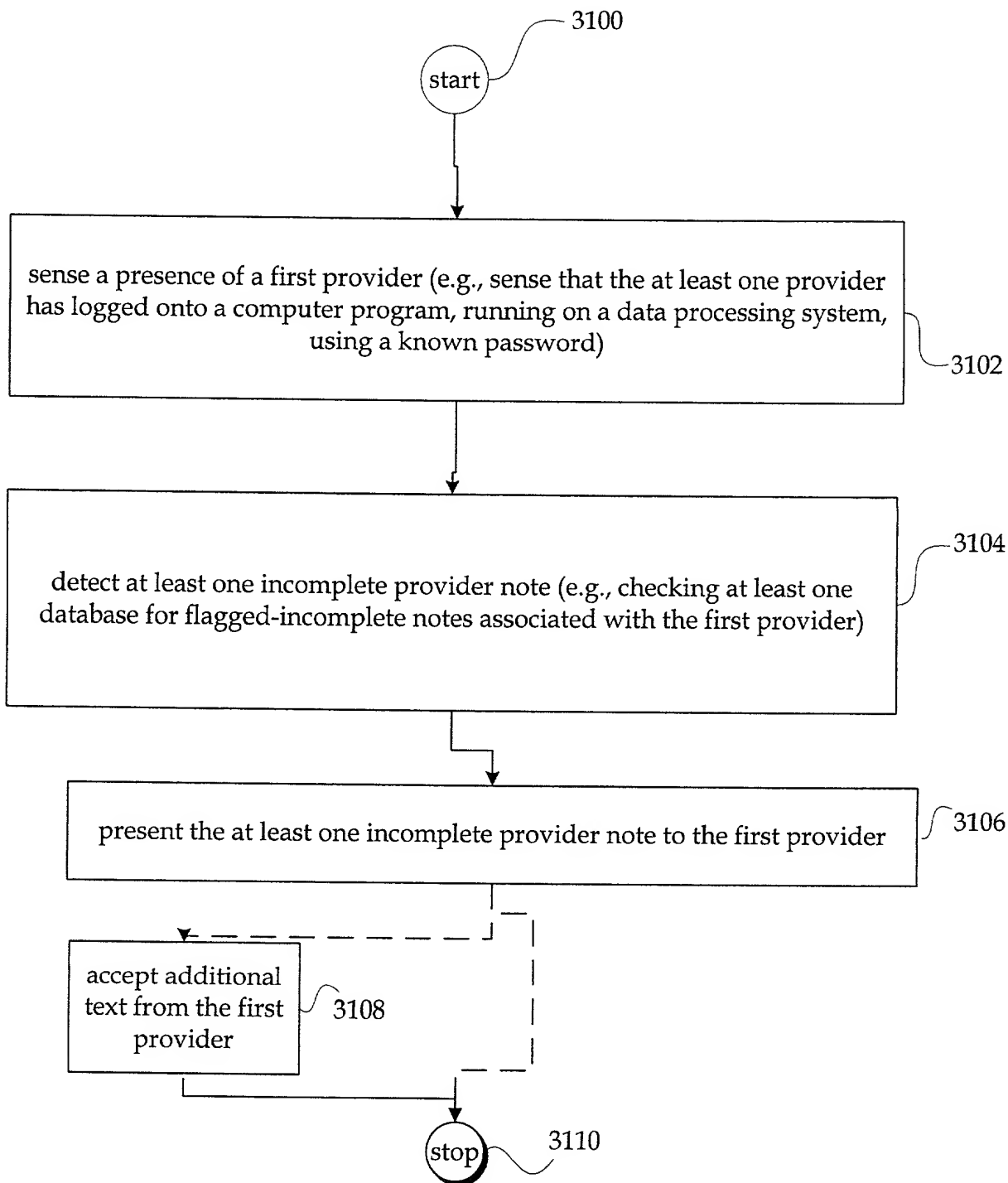


Fig. 31

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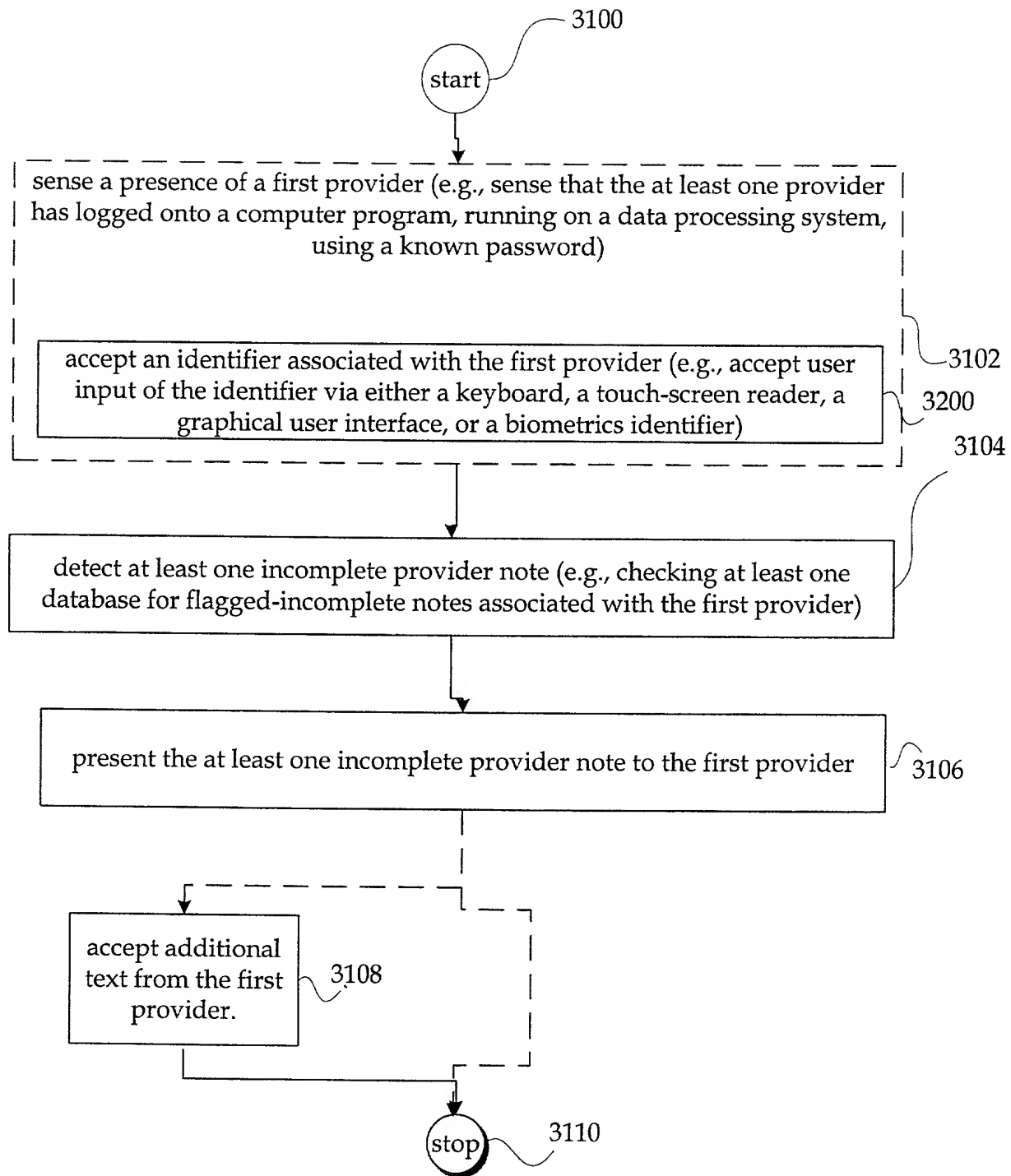
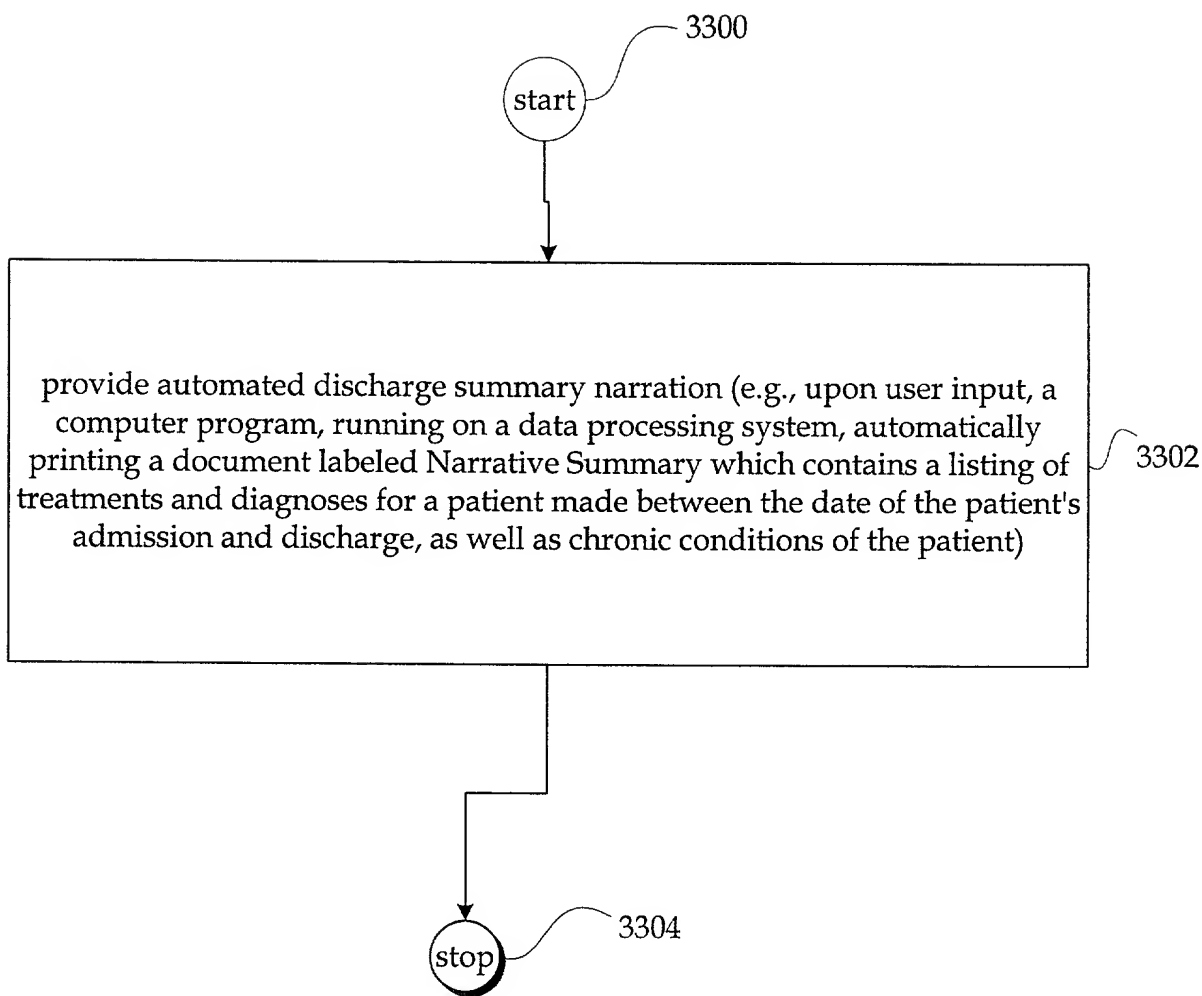


Fig. 32

*Fig. 33*

STORC - Standard Obstetrics Record Charting System

File View Tools Windows Help

Functional Area: Discharge

Key Info General Visits Adm History Exams Delivery EDP Discharge Demo Tests US Proc Meds Compl Pb List Notes

Discharge Information for Patient Name; Patient SSN Disposition: DELIVERED-CURRENT

COMPLICATED Age 35 G/P 1/0-0-0-0 EDC 06 Dec 2001 Gest Age 38 0/7 Type/Rh A+ STD LABS NKDA

Discharge Summary

Refresh Findings/Diag/Procs Next

Discharge Information Findings from Admission Findings from History Patient Instructions Discharge Comments

Prior Admissions/Discharges

Admit Date	Disch Date	Review Date/Time	Re
23 Nov 2001	23 Nov 2001	23 Nov 2001 0900	ew

Delete Discharge... Total: 1

Discharge Date: 25 Nov 2001 Time: 0900 Discharging Phys: drmann

Admission Complaint/Reason(s) Comment

RUPTURE OF MEMBRANES

Final Diagnosis Summary: (This will show as delivered if there is a Stage 3 Date)

38 week/0 day IUP, delivered 1 Liveborn, FEMALE weighing 3560 gms with apgar scores of 8/9 Delivery via SVD

Procedures Performed

Procedures

- AUGMENTATION OF LABOR, OXYTOCIN
- EPIDURAL
- FENTANYL
- FETAL SCALP ELECTRODE
- FOLEY PLACEMENT
- INTRATHECAL ANESTHESIA
- MIDLINE EPISIOTOMY

(Note: If delivery was an Extrauterine Pregnancy and it is shown as an IUP, you must add Extrauterine Pregnancy to the Pb List or Compl screen and then click Refresh)

Doc Screen... Mark Reviewed/Save/Close Save/Close Save Cancel Reset Print Help

Office

Start Slide Inbo CD Inbo CHC CHC PW PE Mid ST 2:18 PM

Fig. 33A

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STORC - Standard Obstetrics Record Charting System

File View Tools Windows Help

Key Info General Visits Adm History Exams Delivery EDP Discharge Demo Tests US Procs Meds Compl Pb List Notes

Discharge Information for Patient Name: Patient SSN Disposition: DELIVERED-CURRENT

COMPLICATED Age: 35 G/P: 1/0-0-0-0 EDC: 06 Dec 2001 Gest. Age: 38 Q/7 Type/Rh: A+ STD LABS NKDA

Discharge Summary Refresh Findings/Diag/Procs New

Discharge Information Findings from Admission Findings from History Patient Instructions Discharge Comments

Significant Findings From Admission:

Finding/Health Condition	Type	Comment
CEPHALIC PRESENTATION	PRESENTATION	
LABOR, LATENT	ADMISSION	
NO LACERATION	LACERATION	
SROM (SPONTANEOUS RUPTURE OF VAGINAL DELIVERY	ADMISSION	
	DELIVERY TYPE	

Note: To add/delete items for the significant findings and procedures lists, use the Problem List, Complication, and/or Procedure screens.

Office Mark Reviewed/Save/Close Save/Close Save Cancel Reset Help

Start Slide Inbo CD Inbo CHC CHC P/V RE W Mid ST 2:16 PM

Fig. 33B

STORC - Standard Obstetrics Record Charting System

File View Tools Windows Help

Functional Area: Discharge

Key Info General Visits Adm History Exams Delivery EDP Discharge Demo Tests US Procs Meds Compl Pb List Notes

Discharge Information for Patient Name; Patient SSN **Disposition: DELIVERED-CURRENT**

COMPLICATED Age: 35 G/P: 1/0-0-0-0 EDC: 06 Dec 2001 Gest Age: 38 0/7 Type/Rh: A+ **STD LABS** **NKDA**

Discharge Summary Refresh Findings/Diag/Procs Next

Discharge Information Findings from Admission Findings from History Patient Instructions Discharge Comments

Significant/Chronic Findings from History:

Finding/Health Condition	Type	Comment
ADVANCED MATERNAL AGE	ANTEPARTUM	
ADVANCED MATERNAL AGE	HISTORY GENERAL	
ADVANCED MATERNAL AGE	VISIT ASSESSMENT	
LEEP	ANTEPARTUM	SURGICAL Hx - Cervix > 4 cm on 4/26/01
SINGLE PARENT ACTIVE DUTY	ANTEPARTUM	No plan of marriage-FDB - min involved
STERILIZATION, DESIRED	ANTEPARTUM	

Note: To add/delete items for the significant findings and procedures lists, use the Problem List, Complication, and/or Procedure screens.

Office Screen Mark Reviewed/Save/Close Save/Close Save Cancel Help

Office Start Side Inbo CD Inbo CHC CHL FW RE Mic ST 216 PM

Fig. 33C

STORC - Standard Obstetrics Record Charting System

File View Tools Windows Help

Key Info General Visits Adm History Exams Delivery EDP Discharge Demo Tests US Procs Meds Compl Pb List Notes

Discharge Information for Patient Name: Patient SSN Disposition: DELIVERED-CURRENT

COMPLICATED Age: 35 G/P: 170.0 0.0 EDC: 06 Dec 2001 Gest Age: 38 0/7 Type/Rh: A+ STD LABS NKOA

Discharge Summary

Refresh Findings/Diag/Procs Next

Discharge Information Findings from Admission Findings from History Patient Instructions Discharge Comments

Discharge Medications

Medication/Drug Name	Entered By	23
VITAMIN PRENATAL (PNV)	ewhiggin	23
Motrin (Ibuprofen)	ewhiggin	23
Colace	ewhiggin	23
Iron	ewhiggin	23

Add Standard Meds

Other Instructions Select Std Instruction: NSVD Comp VD CAS RTU Previa

Pelvic rest (no intercourse or douche) for 4-6 weeks
 Return for evaluation of temperature > 100.5, bleeding > menses, vomiting, pain, foul discharge
 Pericare for episiotomy if applicable
 Avoid tub bathing for 2 weeks
 Return to gentle exercise/activity in 2 weeks as tolerated

(Note: The Condition, Limitation and Diet values will be set to the appropriate defaults when one of the std instructions is selected.)

Condition on Discharge: STABLE, DELIVERED

Limitations on Activities: PELVIC REST FOR 4 - 6 WEEKS

Diet: REGULAR Narrative Summary Dictated? Yes No

Follow-Up Instructions

Return to: RAMSTEIN Facility

OB/GYN Clinic

Int: 6 Weeks Days

Dec Screen Mark Reviewed/Save/Close Save/Close Save Cancel Help

Office

Start Slide Info EDD Info CHC CHC FW RE W Mid ST...

2/17/PM

Fig. 33D

54/55

STORC - Standard Obstetrics Record Charting System

File View Tools Windows Help

Functional Area: Discharge

Key Info General Visits Adm History Exams Delivery EDP Discharge Demo Tests US Procs Mads Compl Pb List Notes

Discharge Information for Patient Name; Patient SSN Disposition: DELIVERED-CURRENT

COMPLICATED Age: 35 G/P: 1/0-0-0-0 EDC: 06 Dec 2001 Gest Age: 38 Wt: 147 Type/Rhr: A STD LABS NKDA

Discharge Summary

Refresh Findings/Diag/Procs Next

Discharge Information Findings from Admission Findings from History Patient Instructions Discharge Comments

Enter any additional comments in the space provided below. If the comment can be recorded/entered elsewhere on one of the Discharge screens, you should use that space/method in order to make the data available for future analysis and research. (Maximum length of text is 255 characters)

Loc Screen Mark Reviewed/Save/Close Save/Close Save Cancel Help

Office

Start Slide Inbo CHC CHC FW RE Mic ST... 2:18 PM

33E

ATTORNEY CLIENT PRIVILEGED AND/OR CONFIDENTIAL

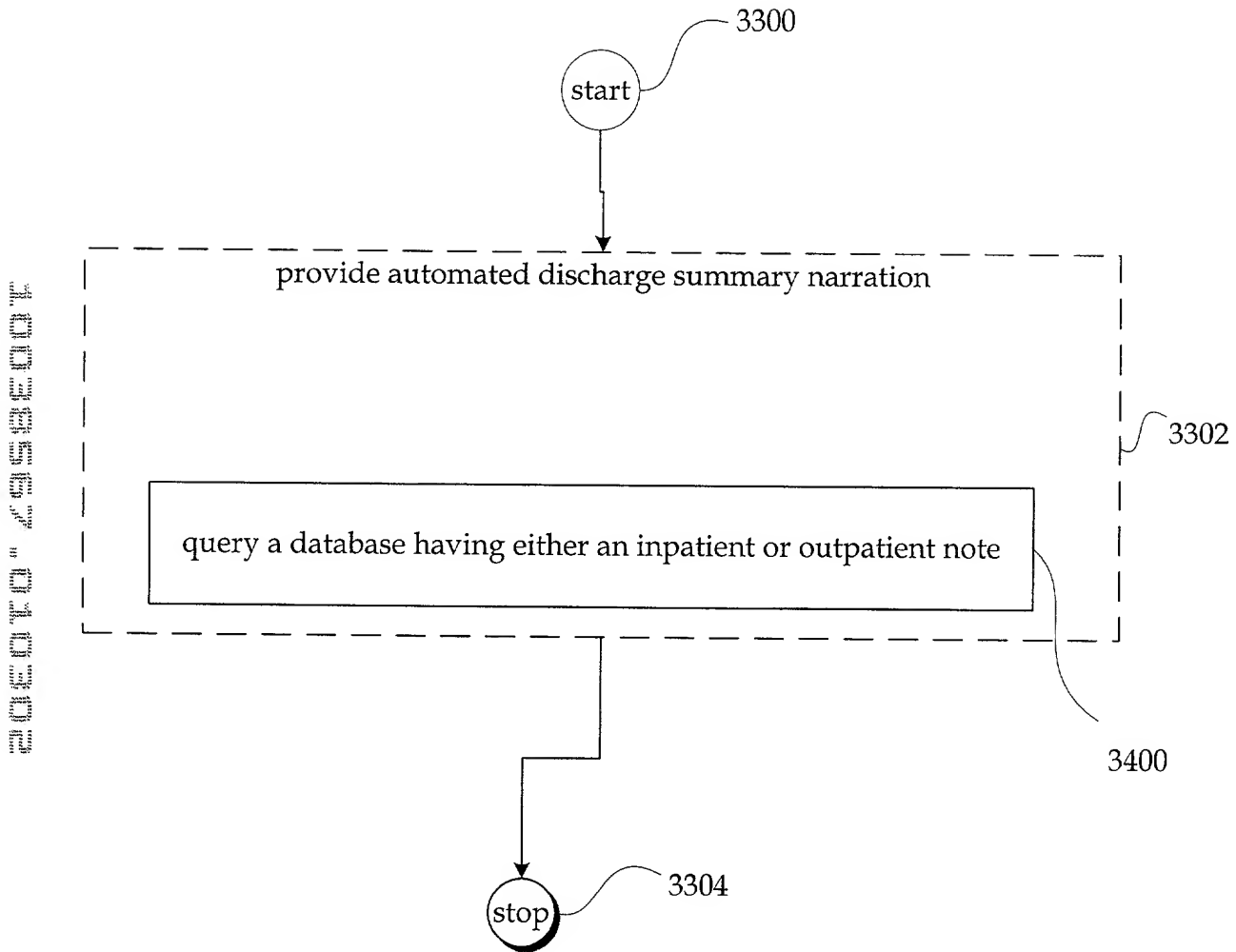


Fig. 34